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I. DEFINITIONS

"Agency or local department" means the local department of social services/welfare.

"Applicant" means a person who has applied for child care services and the disposition of the application has not yet been determined.

"Assistance Unit" means those persons who have been determined to be categorically and financially eligible to receive TANF assistance.

"Case Management Services" means services which include, but are not limited to, job development and job placement, community work experience, education, skills training and support services.

"Case Manager" means the worker designated by the local departments of social services, a private sector contractor or a private community-based organization including non-profit entities, churches, or voluntary organizations that provide case management services.

"Child Care and Development Fund" means the federal block grant for child care that was authorized by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193).

"Child care services" means those activities that assist eligible families in the arrangement for and/or purchase of child care for children for care that is less than a 24 hour day. It also means activities that promote parental choice, consumer education to help parents make informed choices about child care, activities to enhance health and safety standards established by the state, and activities that increase and enhance child care and early childhood development resources in the community.

"Child day center" means a child day program offered to two or more children under the age of 13 in a facility that is not the residence of the provider or of any of the children in care, or 13 or more children at any location.

"Child day program" means a regularly operating service arrangement for children where, during the absence of a parent or guardian, a person or organization has agreed to assume responsibility for the supervision, protection, and well-being of a child under the age of 13 for less than a 24-hour period.

"Child protective services" means a specialized continuum of casework services to abused, neglected or exploited children and their families. The focus of these services is identification, assessment and service provision

in an effort to prevent the maltreatment of children.

“Community Work Experience” means work for benefits in a public or non-profit agency.

“Co-payment” means the 10 percent of a household’s gross income that must be contributed toward the cost of child care, except in those agencies that have an alternate fee scale.

“Department” means the Virginia Department of Social Services.

“Diversionary Assistance” means a one-time lump sum payment to an individual or third-party vendor to prevent long-term receipt of TANF.

“Early Head Start” means a family-focused child development program serving children from birth to three years of age under Section 645A of the Head Start Act.

“Earned Income Disregard” means a certain amount of earned income which is not taken into consideration when determining eligibility for benefits.

“Education leading to employment” means the pursuit of basic remedial instruction to achieve a basic literacy level, instruction in English as a second language, preparation for GED or Adult Education, the completion of high school, associate degree or certificate, work at the college level or bachelor degree from a college or university if the course of instruction is limited to a curriculum directly related to the fulfillment of an individual's educational goal to obtain useful employment in a recognized profession or occupation.

“Family day home” means a child day program offered in the residence of the provider or the home of any of the children in care for one through 12 children under the age of 13, exclusive of the provider's own children and any children who reside in the home, when at least one child receives care for compensation.

Family day homes serving six through twelve children, exclusive of the provider’s own children and any children who reside in the home, shall be licensed. However, no family day home shall care for more than four children under the age of two, including the provider’s own children and any children who reside in the home, unless the family day home is licensed or voluntarily registered. A family day home where the children in care are all grandchildren of the provider shall not be required to be licensed (Code of Virginia 63.2-100).

“Federal regulated provider” means a provider regulated by the federal government.

“Federal Poverty Level” means the income levels by family size, determined by the federal Department of Health and Human Services, to be used as guidelines in determining at what level families in the country are living in poverty.

"Fee" means a charge for a service and may include, but is not limited to, co-payments, charges above the Maximum Reimbursable Rate, activity fees.

"Fee System" means the program that provides child care subsidy to low-income parents from the Child Care Development Fund which usually requires a parental co-payment.

"FSET" means a multi-component employment and training program that provides Job Search, Job Search Training, Education, Training and Work Experience to non-public assistance Food Stamp recipients.

"Full Employment Program (FEP)" means full-time, subsidized training-oriented employment which replaces the TANF and food stamp benefits of a participant.

"Full-time employment" means regularly scheduled activities that engage a participant in employment for 30 or more hours per week.

"Good cause" means a valid reason why an unemployed parent in a two parent household, or any other person under Virginia law responsible for the support of the children, cannot provide the needed child care. The rationale for the agency's decision finding good cause must be documented in the case record.

"Hardship exceptions" means prescribed reasons which, if applicable, would allow an extension of receipt of TANF benefits.

"Head Start" means a family-focused child development program serving children 3-5 years old.

"Head Start Wrap-Around" is a subsidy fee program that pays for additional hours beyond those provided by Head Start/Early Head Start in order to provide full day/full year child care services for Head Start/Early Head Start enrolled children.

"Income eligible" means that eligibility is based on income and determined by measuring the family income and size against the federal poverty level.

"In-home child care provider" means a person who is responsible for the supervision and care of children in the child/customer's own home when all the children in care reside in the home. Also, the provider does not own the home or have their name on the lease or apartment agreement.

"Job Search" means a structured, time-limited period during which the participant is required to search for and/or obtain employment. In order to complete the job search, the participant is required to apply for a set number of jobs or find employment.

"LEARNFARE" means child care services provided to a TANF minor parent to enable them to attend school in compliance with compulsory school attendance laws.

"Local regulated provider" means a provider regulated by a city or county and includes local agency approved providers (per 22 VAC 770-10 et. seq.).

"Maximum Reimbursable Rate" means the maximum rate established by the Department to be paid for child care services through the subsidy program.

"On-the-Job Training" means training which is provided by an employer during routine performance of a job.

"Parent" means primary adult caretaker or guardian of a child.

"Parental access" means that parents may visit the child care setting at any time their child is in care.

"Participant" means a TANF or TANF-UP recipient who is participating in the VIEW program.

"Part-time employment" means any regularly scheduled activity that engages a participant in employment for a minimum of eight hours but less than 30 hours per week.

"Post-secondary education" means any course of instruction beyond that of high school offered by an institution of higher education or a vocational school as determined by the Secretary of Education to meet the Higher Education Act of 1965.

"Purchase of Service Order" means a form/certificate sent to a vendor to authorize the delivery of services to a customer.

"Relative provider" means a child care provider related to the parent or child by blood, marriage or adoption.

"Religiously exempt center" means a child day center operated by a religious institution exempt from licensure. An annual statement and documentary evidence of health and safety are required.

"Resource and referral services" means provision of information for parents in choosing child care. These services are sponsored by a variety of agencies and may include assessment of the need for child care in a community, collection and maintenance of information about child care needs, or efforts to increase the supply of child care in the community through recruitment and technical assistance to potential providers.

"Sanction" means to reduce or suspend a participant's TANF grant and/or food stamp allotment for noncompliance with regulations or statutes.

"Satisfactory progress" means that the participant in any educational or training activity is meeting, on a periodically measured basis of less than one year, such as a term or quarter, a consistent standard of progress based on written policy developed by the educational institution or training agency.

"Service plan" means the written, mutually agreed upon course of action determined by the parent and service worker.

"Special needs child care" means care provided to children with documented physical, mental or emotional problems such as learning disabilities, behavior disorders, and/or inability to adjust with the family and peers; children with developmental disabilities, atypical development, or deficit in social functioning.

"State regulated provider" means a child care provider regulated by the Department's Division of Licensing or the Virginia Department of Education and includes state licensed child day centers, system licensed providers, voluntarily registered family day homes and accredited private schools. Religiously exempt centers and preschools/nursery schools certified in accordance with the *Code of Virginia* are considered regulated.

"Supportive services" means services such as child care or transportation provided to program participants to enable them to work or to receive training or education which is intended to lead to employment.

"Sworn Statement or Affirmation" (032-02-094) means the statement signed by a child care provider disclosing whether or not he/she has ever been (i) the subject of a founded case of child abuse or neglect or (ii) convicted of a crime or is the subject of pending action within the Commonwealth or any equivalent offense outside the Commonwealth.

"Temporary Assistance For Needy Families (TANF) program" means the block grants to states to provide assistance to needy families with children so that they can be cared for in their own homes and to reduce dependency by promoting job preparation, work and marriage. This is the program through which a relative/caretaker can receive monthly case assistance for the support of eligible children.

"TANF-capped child" means a child who the TANF worker has determined to be ineligible for inclusion in the TANF Assistance Unit because the child was born more than 10 full months after the mother's initial TANF payment was issued.

"TANF-UP program" means the program which provides aid to dependent children who are deprived of parental support or care by reason of the unemployment of the parents.

"Tier 1 Maximum Reimbursable Rates" means the rates paid to a child care provider who is not licensed, approved by a licensed family day system, or approved under local ordinance according to §15.2-914 of the *Code of Virginia*.

“Tier 2 Maximum Reimbursable Rates” means the rates paid to a child care provider who is licensed by the Virginia Department of Social Services, approved by a licensed family day system, or approved under local ordinance according to §15.2-914 of the *Code of Virginia*.

“Time limitations” means a specified period of time, under the statute, to receive TANF.

“Training leading to employment” means the development of specific work attitudes, behaviors, or skills leading to job readiness as well as the development of specific technical or vocational skills that lead to employment in a recognized occupation and results in other than a baccalaureate or advanced degree.

“Transitional child care services” means the child care services program (up to 12 months) for which certain former recipients of TANF are eligible.

“Unregulated provider” means any child care provider who is not federally approved, state licensed, city approved, county approved, local agency approved, registered under the Voluntary Small Family Child Care Home Registration program or religiously exempt, and is not required to be regulated.

“Unsubsidized employment” means employment for which no government funds are used to subsidize the wages earned by a participant.

“USDA Child and Adult Care Food Program” means the United States Department of Agriculture program that reimburses participating, eligible child care providers for nutritious meals and snacks served to children in care while parents work.

“VACIS” means the Virginia Client Information System. It is an automated statewide case information system.

“Vendor” means a provider who can sell services.

“Verifiable acts of compliance” means the beginning of, continuance in, or completion of an assigned activity during a VIEW sanction, as specified in the TANF Manual, Chapter 1000, Section 13, Compliance.

“Virginia Independence Program (VIP)” means the program in the Commonwealth of Virginia which is made up of the TANF Program and the Virginia Initiative for Employment Not Welfare program (VIEW).

“Virginia Initiative for Employment Not Welfare (VIEW)” means the Job Opportunities and Basic Skills (JOBS) Training Program as implemented in the Commonwealth of Virginia.

“Voluntary Small Family Child Care Home Registration” means the procedures by which a small family day home becomes state registered on a voluntary basis using approved standards. Providers registered with this program are considered to be regulated.

“Work Activity” means participation in unsubsidized employment, FEP, part-time work, on-the-job training, or community work experience.

II. LEGAL BASE

- The Child Care Development Block Grant Act of 1990 (42 USC 9801 et seq.), as amended by the Personal Responsibility and Work Opportunity Act of 1996 (Public Law 104-193) and the Balanced Budget Act of 1997, as implemented in regulation at 45 CFR Parts 98 and 99.
- Code of Virginia, Sections 63.2-217, 63.2-319, 63.2-510, 63.2-611, 63.2-616
- Food Stamp Act of 1977 as amended

III. FAMILIES AND CHILDREN TO BE SERVED

Child care services shall be provided for eligible families with children who need care and who are under age 13 or for children up to 18 years of age if they are physically or mentally incapable of caring for themselves or subject to court supervision. Child care shall not be purchased for children who are eligible to attend kindergarten or for older children during that portion of a day when appropriate public education is available, unless there are valid and documented reasons the children must be out of school.

IV. GOALS

Child care programs are child-centered, family-focused services that support the family goals of economic self-sufficiency and child development by providing substitute parental care, protection, guidance, and early childhood education. The purpose of the Child Care Development Fund is to increase the availability, affordability and quality of child care services.

Toward this end, policies and service strategies shall be designed to meet the following goals:

- To provide low-income families with the financial resources to find and afford quality child care for their children.
- To ensure that the family child care program contributes to the broader objective of self-sufficiency. To provide child care to parents trying to achieve independence from public assistance.
- To promote parental choice in the selection of child care. To empower working parents to make their own decisions about the child care that best suits their family's needs.
- To provide consumer education to help parents make informed choices about child care.
- To ensure that subsidy dollars are provided to the neediest families.

- To enhance the quality and increase the supply of child care for all families. To improve the coordination among child care programs and early childhood development programs.

CHILD CARE PROGRAMS

| Budget Line | Child Care Program | Regulation Requirement of Provider | Working Status of Parent/Caretaker | Co-payment |
|-------------|------------------------------------------------------|------------------------------------|------------------------------------------------------------------|---------------------------------------------------|
| 871 | TANF Working | Regulated or Unregulated | Working TANF recipient | No |
| 871 | VIEW Working VIEW Education/Training | Regulated or Unregulated | VIEW participant | No |
| 871 | LEARNFARE | Regulated or Unregulated | Minor parent in a TANF unit in Education | No |
| 881 883* | TANF Education/Training | Regulated or Unregulated | TANF recipient in Education or Training | No |
| 871 | Transitional | Regulated or Unregulated | Working –former TANF recipients | Yes |
| | | | Employment and Training – eligible former VIEW participants only | Yes |
| 881 883* | Fee System | Regulated or Unregulated | Working or Education or Training | Yes |
| 878* | Head Start Wrap-Around (Head Start/Early Head Start) | Regulated or Unregulated | Working or Education or Training | Yes, if income is above the Federal Poverty Level |
| 871 | Food Stamp Employment/Training | Regulated or Unregulated | In Approved FSET activity | No |

* 100% federally funded.

V. CHILD CARE PROGRAMS

All child care programs are available to the extent of funding. The primary funding source is the Child Care Development Fund, which is a block grant to states.

A. RECIPIENTS OF TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

If there is a need for child care and all eligibility requirements are met, recipients of TANF are eligible for needed child care services to support employment, approved education/training, or for protective services. Child protective services cases opened through the family assessment track or the investigation track, are considered child protective services cases; therefore, the family may be eligible for child care assistance.

TANF child care assistance includes needed child care for the TANF-capped child. This service can also include:

- a. a child who receives Supplemental Security Income (SSI), if the parent/caretaker is on the TANF grant and if the child would have been in the public assistance unit were it not for the receipt of SSI, and/or
- b. children who are not in the TANF Assistance Unit but who are financially dependent upon the parent who is in the TANF Assistance Unit.

Priority shall be given for child care subsidy to teen parents engaged in finishing high school. Children of a parent who is a minor/ teenager in a TANF public assistance unit should receive necessary child care services to enable the minor/teen parent to attend school in compliance with compulsory school attendance laws (LEARNFARE). This assumes the parent of the minor cannot provide the care because of work, education/training, disability or another hardship exemption.

1. VIEW (Including volunteers for VIEW)

Children in a VIEW public assistance unit should receive necessary child care services to enable the parent to work. Funds can be used for needed child care for an assigned activity. For the purposes of the VIEW program, the definition of an assigned activity includes, but is not limited to, job search, employment (subsidized or unsubsidized), Community Work Experience, on-the-job training, job skills training, job readiness training, education, internships, or a practicum in conjunction with work.

VIEW participants sign the "VIEW Agreement of Personal Responsibility" (032-02-310) which informs them that families are expected to arrange child care and transportation to allow them to participate in VIEW. They are also informed that the case manager may be able to assist them with these services if they are unable to make arrangements.

2. View Exempt

a. TANF Working

If there is a need for child care and all eligibility requirements are met, recipients of TANF are eligible for needed child care services to support employment.

b. TANF Education/Training

If there is a need for child care and all eligibility requirements are met, recipients of TANF are eligible for needed child care services to support education/training.

B. INCOME ELIGIBLE RECIPIENTS

Policy and procedures for the determination of family composition are found in Volume VII, Section I, Chapter B (Intake and Case Management). Policy for determining financial eligibility is found in Section I.E. of this chapter. Child care subsidy for income eligible parents shall be made available on the basis of a sliding fee scale.

1. Transitional Child Care Services.

Parents may receive up to 12 consecutive months of child care subsidy to support employment if they have received TANF (VIEW or non-VIEW), the TANF case is closed, and they are found to be income eligible.

Parents may also be eligible for Transitional child care services if they were VIEW participants; they are approved by their VIEW worker for participation in the VIEW Transitional Employment and Training program; the TANF case is closed; and, they are found to be income eligible.

Transitional child care services include needed child care for children who are not in the assistance unit but who are dependent upon the parent. If the reason for TANF case closure is non-cooperation with the Division of Child Support Enforcement, eligibility for Transitional services may be denied.

If parents meet the eligibility criteria for Transitional services, Transitional funding shall be used, except in situations where

Notices of Action do not permit payment in a timely manner. In these cases TANF/Working funding may be used for one month to give the agency time to set up Transitional funding.

The agency must inform the former recipient that transitional child care benefits are available. This information shall be made available at the time of initial TANF eligibility and at the time of notification of ineligibility for TANF. An automated letter is generated and is sent by the local department to all customers whose TANF case is closed. The letter informs them of potential eligibility for transitional child care services.

If a VIEW participant is determined to be ineligible for Transitional child care services due to income, the agency may provide child care services for 90 days immediately following the TANF case closure or until the required job follow-ups have been completed, whichever is longer. VIEW funds (budget line 872) are to be used for payment, and no co-payment is assessed.

The VIEW worker is responsible for determining if the former participant meets the VIEW requirements to receive these child care services. The child care worker is responsible for assuring that all other applicable child care policies are followed, including provider requirements, Maximum Reimbursable Rates (Appendix K), Immunization policy, etc.

The Transitional eligibility period starts the first day of the month following closure of the TANF case and ends 12 months later. Example: A customer's TANF case is closed. They do not find employment for two months. They can apply for Transitional child care at the point they are employed for their remaining months of Transitional eligibility (in this case 10 months).

If there is a delay between the last TANF check and closure of the TANF case and the family is income eligible, child care payments are made using TANF child care funds (budget line 871) until the TANF case is closed. Such payments do not count against the 12 month Transitional period.

Receipt of Diversionary Assistance does not qualify an individual for Transitional Child Care Assistance.

2. Fee System Child Care Services

The Fee System program shall be used to provide child care subsidies to income eligible customers who are employed, in approved education/training activities, or income eligible customers in need of protective services. Child Protective Services cases opened through the family assessment track or the investigation track, are considered child protective

services cases; therefore, the family may be eligible for child care assistance.

At the option of the local department of social services, a child born to a family 10 months or more after the date of implementation of this plan or after the initial date of receipt of child care subsidy, whichever occurs later, may receive subsidy or be placed on the agency waiting list.

The Head Start Wrap-Around program is a sub-program within the Fee System. This program shall be used to provide child care subsidies to income eligible customers for Head Start/Early Head Start enrolled children for extended day/year (wrap-around) child care services.

Once initial eligibility is determined, income eligibility for Head Start families will continue without redetermination as long as the child remains enrolled in Head Start/Early Head Start and is otherwise eligible. If Head Start enrollment begins for a second child before enrollment ends for the first child, eligibility is not redetermined. If enrollment ends for one child before enrollment begins for a second child in the family, income eligibility will be redetermined before the second child can receive child care assistance. Income eligibility will then continue again without redetermination as long as that child remains enrolled in Head Start/Early Head Start.

Example 1: A child is enrolled in Early Head Start at age two. Enrollment continues uninterrupted. When this child is four years old, her two year old brother begins Early Head Start. In this situation, income eligibility for the family continues based on the initial determination. If there was no fee established initially, no fee is assessed when the second child is added.

Example 2: A child is enrolled in Head Start at age four. Her enrollment ends May 31. In July of the same year, her brother is enrolled in Head Start. Income eligibility must be determined and a fee assessed, if appropriate, prior to approving child care for the brother.

For information on co-payments, refer to section XI.E.1.

If a local agency has a waiting list for Fee System Child Care Services, Head Start Wrap-Around funds may be used to pay for child care for eligible siblings of an enrolled Head Start/Early Head Start child. A co-payment is assessed for the siblings. If there is no local agency waiting list, child care for the siblings of the enrolled Head Start child will be paid from Fee System budget lines 881 or 883.

Head Start Wrap-Around funds (budget line 878) may be used for child care services for the summer prior to attendance in a part-year Head Start/Early Head Start program and for the summer following the end of a part-year Head Start/Early Head Start program for families with a child enrolled in a Head Start/Early Head Start program. Verification of enrollment is required in order to receive Head Start Wrap-Around child care services. Confirmation by telephone from the program in which the child is enrolled is sufficient verification. Documentation of the confirmation of enrollment shall be recorded in the case record.

C. FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM (FSET)

Child care shall be made available for children of participants in Virginia's Food Stamp Employment and Training (FSET) program who are participating in an activity approved by an FSET worker. Participants in the FSET program have no requirement for a co-payment for child care.

VI. SERVICES DURING VIEW SANCTIONS AND VIEW INACTIVE STATUS

VIEW participants who have been sanctioned are not entitled to supportive services while in the sanction status. However, a VIEW participant who has been sanctioned can receive child care services if such services are necessary to maintain employment or to perform a verifiable act of compliance.

A VIEW participant who has been placed in an inactive status due to a family crisis not of the participant's own making may continue to receive supportive services in order to assist in returning to an active status (see VIEW policy). Payment continues to be paid using the VIEW child care budget line.

VII. GOOD CAUSE: RESPONSIBLE PERSONS

In two-parent households where one parent is unemployed, there shall be good cause why that parent cannot provide the needed child care before payment for child care will be made. Documentation of the finding of good cause shall be entered into the case record. There shall be good cause why any person under Virginia law considered to be responsible for the support of the children cannot provide the needed child care before payment for child care will be made.

VIII. CHILD CARE PROVIDERS

A. PROVIDERS THAT MAY BE USED AS VENDORS

1. Parental Choice

Parents have full choice of all legally operating child care. Legally operating child care includes federal, state and local regulated and unregulated care. Unregulated providers are those providers who are legally exempt from regulation based upon the number and ages of children in family day or in-home care.

Agencies shall not establish policies that limit parental choice of providers. Providers used shall afford parents unlimited access to their children.

2. Relative Care

A child's relative may be paid as a child care provider as long as the individual is not a part of the public assistance unit or legally responsible for the child(ren) needing care.

3. In-Home Care

The cost for in-home care must not exceed the local Maximum Reimbursable Rate and must meet minimum wage requirements. Exception: The cost may exceed the local Maximum Reimbursable Rate for children with special needs.

Before making any payments for in-home care, agencies must assure that the definition of in-home child care is met (see Definitions). For in-home care, FICA (Social Security taxes) and unemployment taxes must be withheld and paid by the agency.

In-home care may be approved when the total child care cost does not exceed the local Maximum Reimbursable Rate and still allows payment of at least the minimum wage as required by the Fair Labor Standards Act for Domestic Service. All children in care must reside in the home of the child/customer, and the provider must not be the owner of the home or have their name on the lease.

In-home providers are paid at least minimum wage by the hour, not by a rate per child. For instance, if a provider cares for three children full time, they would be paid at least minimum wage for the number of hours per week for which care is needed if this amount does not exceed what the agency would have paid for these children in a family day home paying up to the Maximum Reimbursable Rate per individual child.

When calculating the minimum wage for in-home care in Fee System cases, include the customer portion of the payment (co-pay).

B. HEALTH AND SAFETY REQUIREMENTS FOR FEDERAL AND LOCAL REGULATED AND UNREGULATED PROVIDERS

1. Federal regulated providers meet the health and safety requirements of their federal agency.
2. Providers must be at least 18 years of age.
3. Health and Safety Requirements for All Local Regulated and Unregulated Providers.

The local department shall assist all unregulated providers and all providers approved by the agency, including relatives, their assistants, volunteers, any adults living in a family day home, and any other agents involved in the day-to-day operation or supervision of children in obtaining the clearances described below:

- a. a state criminal history;
- b. a child protective services check; and
- c. a sworn statement or affirmation as to whether the individual has ever been (i) the subject of a founded complaint of child abuse or neglect or (ii) convicted of a crime or is the subject of any pending criminal charges within the Commonwealth or any equivalent offense outside the Commonwealth.

It will be the responsibility of the provider/other agent to request and pay for the necessary clearances and checks. Local agencies may choose to pay for the necessary clearances and checks using Quality Initiative funds or local only funds; however, such a policy must be applied uniformly.

4. Additional Health and Safety Requirements for Non-relative Unregulated Providers

The local department shall assist all non-relative unregulated providers, all adults (18 years of age or older) living in the household, and all assistants in obtaining the additional clearances described below:

- a. a tuberculosis screening; and
- b. a Health and Safety Checklist.

The only relative providers exempt from these additional requirements are grandparents, great grandparents, aunts, uncles and adult siblings of the children in care (if the adult sibling resides in a separate residence), unless otherwise subject to regulation. It

will be the responsibility of the provider/other agent to request and pay for the tuberculosis screening.

5. **Renewal of Health and Safety Checklist for Unregulated Providers**
The Health and Safety Checklist for unregulated child care providers shall be completed every two years. The following areas may be reexamined at the option of the local agency: Child Protective Services Central Registry check, state criminal history and sex offender record check, and tuberculosis screening.

6. **Payments to Unregulated Providers**

Unregulated providers, and other specified agents must provide the required checks and statements/affirmations before payments will be made.

Payment for an unregulated provider must be denied if the State Combination Order Form for Criminal History Record and/or Sex Offender and Crimes Against Minors Registry Search shows that: the person checked has been convicted of a barrier crime; if the Child Protective Services check reveals that the person checked is in the Central Registry as "Founded"; if the result of the tuberculosis test or x-ray shows that the person tested is not free of tuberculosis in a communicable form; or if the health and safety checklist is returned incomplete.

7. **Combination Order Form for Criminal History Record and/or Sex Offender and Crimes Against Minors Registry Check**

The above record checks must be completed on the provider, all adult members of the household and all assistants. The State Police provide the form (S.P. 230-revised July of each year) for the purpose of requesting and authorizing this service. The forms are provided free of charge and can be obtained by phoning (804) 674-2024.

The S.P. 230 is a carbonized form and should not be separated before mailing to the State Police. A charge of \$20.00 per search, payable to the Virginia Department of State Police by certified check, money order or agency check is charged for this service. Personal checks or cash are not acceptable.

For a complete listing of child care barrier crimes refer to Appendix J. Payments to the provider shall be denied if the search is returned showing that the provider, other adults living in the household or any assistants providing care have been convicted of a barrier crime.

At local option, agencies may screen for crimes in addition to those listed in Appendix J (such as drug charges or Driving Under the Influence (DUI)).

8. Child Protective Services Checks

A Child Protective Services Release of Information form must be completed on the provider, all adult members of the household and all assistants.

A completed Request for Search of the Central Registry and Release of Information Form (#032-02-151/15 (2/02) will be sent to the Child Protective Services Unit of the Virginia Department of Social Services:

Child Protective Services Central Registry Search
Virginia Department of Social Services
7 North Eighth Street
Richmond, VA 23219

Requests must be accompanied by a \$5.00 certified check, business check, or money order (no cash) payable to the Virginia Department of Social Services (local agencies are exempt from the fee). Incomplete forms and requests not accompanied by a check or money order, when necessary, shall be returned unprocessed.

The form must be signed by the person for whom the search is being conducted, and this must be notarized. If applicable and available, the maiden name and all names used by the provider shall be added. If the name being searched is not located in the Central Registry, notice of such shall be transmitted to the requesting party.

If there is insufficient information contained in the Central Registry regarding the name being searched, and the result of the search is "unable to be determined", notice of such shall be transmitted to the requesting party along with a request for specific additional information which should be completed and returned for further inquiry. For further instructions see Volume VII, Section III, Protective Services.

Payments to the provider shall be denied if the results of the search show that the provider, other adults living in the household or any assistants providing care are in the Central Registry with a disposition of "founded".

Local departments of social service workers must follow the laws related to confidentiality. See the Child Protective Services Chapter in Volume VII, Section III, Chapter A for rules of confidentiality, as well as Volume I, Administrative Manual, Chapter A.

9. Tuberculosis Screening

The provider, other adults living in the household, and any

assistants providing care shall be screened for tuberculosis. The results of each tuberculosis screening shall be forwarded to the service worker in the form of a statement that he/she is free of tuberculosis in a communicable form. The statement shall be signed by a physician, the physician's designee, or an official of a local health department.

10. Health and Safety Checklist for Unregulated Providers

The checklist is intended as a self-assessment tool to help the parent and provider assess the health and safety of the care the child will receive in child care. The parent and the child care provider shall fill out the form together in the home where care would be provided. The checklist shall be completed, signed by both the parent and provider, and forwarded to the worker. Payments to providers cannot be denied based solely upon the responses to the statements on the checklist. After receiving the results of the clearances and the completed health and safety checklist, the worker shall approve or deny payment and shall send a copy of the checklist to the parent and to the provider for their records.

Completion of the Health and Safety Checklist (032-02-001/2) for unregulated providers is not a regulatory process and does not meet requirements for participation in the USDA Child and Adult Care Food Program. Providers who wish to participate in the Child and Adult Care Food Program must apply to an authorized USDA Food Program administrator.

C. IMMUNIZATION

All children receiving services under the CCDF must be age-appropriately immunized, according to requirements of the State Board of Health. The current form required by the Virginia Department of Health (MCH-213 D, Rev 1/99), a physician's form, the Childhood Immunization Certification form (032-03-960/2) or other Health Department form shall be accepted as documentation.

Documentation shall include the date the immunizations were received and shall be signed by a physician, his/her designee, or an official of a local health department. Copies of this verification must be maintained by the caseworker to assist in verifying that children continue to be age-appropriately immunized.

Parents will provide documentation of immunizations at the time of application. Updated documentation shall be obtained during the next quarterly contact after an immunization or booster is due. This provision of updated information will occur once every six months for children under the age of two years, once between each child's fourth and sixth birthday and as indicated by a physician or designee.

Exemptions: Documentation of immunization is not required for any child:

- a. whose parent submits an affidavit to the provider, on the "Certification of Religious Exemption" (CRE) stating that the administration of immunizing agents conflicts with the parent's or child's religious tenets or practices;
- b. whose physician or a local health department states on the "Childhood Immunization Certification" form that one or more of the required immunizations may be permanently or temporarily detrimental to the child's health. The statement shall include an estimated date for when immunizations can be safely administered;
- c. who receives TANF, for as long as that TANF eligibility continues;
- d. who is currently enrolled in Head Start/Early Head Start, for as long as that enrollment continues;
- e. whose provider is a state licensed center or family day home or religiously exempted child day center. Immunization documentation requirements for these children are waived as of the date of a signed purchase order with a state licensed center or family day home and for as long as the child is cared for by this provider or another state licensed center or family day home;
- f. who attends a public school in Virginia or a private school that is accredited by the Virginia Department of Education.

Grace period: Children may be served under the CCDF while families are taking the necessary actions to comply with the immunization requirements. Customers must provide documentation of immunizations within 30 days of approval for child care in order to continue to receive CCDF funds. All immunizations must be up-to-date by the next quarterly caseworker contact in order to continue to receive services, unless one of the above exemptions applies.

The current form required by the Virginia Department of Health (MCH-213 D, Rev. 1/99) may be obtained from local health departments. The Childhood Immunization Certification form (032-03-960/2) may be ordered through the Department of Social Services, Division of General Services.

IX. CASE MANAGEMENT PROCESS

A. APPLICATION and ASSESSMENT

The family's need for child care shall be assessed at the time of application. Parents shall be informed of the full range of services offered by the agency. If the family identifies other needs, an assessment of those needs shall be completed. A case shall be opened on all families that are to receive child care services, and appropriate case management procedures found in department manuals shall be followed.

Parents who request child care services shall be required to sign a service application and cooperate with an assessment by the local agency. The VIEW Activity and Service Plan (032-02-075) will serve as the application for child care for VIEW participants. The FSET Plan of Participation will serve as the application for child care for FSET participants.

B. DETERMINATION OF ELIGIBILITY FOR INCOME ELIGIBLE PROGRAMS

For the purposes of determining eligibility for services for programs with income limits, the agency shall determine whether there is a need for services, whose income to count when determining eligibility, and the appropriate funding source. Under Virginia law the following persons have responsibility for support;

- biological or adoptive parents

- a stepparent residing with a child(ren)

- a person cohabiting with a parent

- the father of a child born out-of-wedlock, if paternity can be established.

The income of caretakers who are not legally responsible to provide financial support for the child(ren) is not counted in determining eligibility for a child care subsidy.

See Volume VII, Section I, Chapter B and TANF Manual.

Once eligibility is determined, parents shall be informed as to whether their full costs of child care will be paid or whether they will be required to pay a co-payment, and, if so, the amount of that co-payment.

C. SERVICE PLAN

A written service plan shall be completed for every child care case. If parents are active in VIEW, the VIEW Activity and Service Plan will serve as the service plan. If the parents are FSET participants, the FSET Plan of Participation will serve as the service plan.

During the development of the service plan the worker shall discuss with the parent the responsibilities outlined in F below and also outline the agency and provider responsibilities. Service plans should be updated at least annually. A new form does not have to be completed. Check to see that the information is still accurate and re-date the form.

D. NOTICE OF ACTION

Notices of Action (032-02-103) shall be provided to applicants/recipients as prescribed in Volume VII, Section II, Chapter B.

E. EDUCATION AND TRAINING

Any child care approved for education/training activities shall be limited to curriculum related to the fulfillment of an individual's employment goal. Participants shall show that they are making satisfactory progress (see definitions) in order to continue receiving child care services. Payment for child care for the attainment of post baccalaureate education is not allowed, except with local only funding.

Approval for participation in the VIEW Transitional Employment and Training program is the responsibility of the VIEW worker.

F. CONSUMER EDUCATION

Recipients of child care subsidies have full choice of all providers operating legally in Virginia.

Appropriate consumer education shall be provided by the agency, or a recognized resource and referral agency, to parents to assist them in gaining needed information about child care services, availability of providers, and how to identify and monitor quality child care.

Characteristics that affect program quality include:

- Staff qualifications and training
- Staff/child ratios
- Appropriate child development curriculum
- Group size
- Provisions for health, safety and nutrition
- Evaluation procedures
- Parental involvement

Other recognized components include stability of care, shared values and approaches to child rearing, staff-child interactions, and physical,

emotional and social environment. Compliance with all regulatory standards is no guarantee of a quality child care program, given the varying meaning of quality to different individuals. As a result, parents are responsible for ensuring that their children's care meets their family's criteria for quality care.

G. PARENTAL RESPONSIBILITIES

Parents shall be required to sign the Child Care Parent Responsibilities form (#032-02-420) which outlines many of their responsibilities. By reading and signing this form, parents become informed about their responsibilities and obligations.

Parents shall be informed of their responsibility to report within 10 calendar days to the local agency changes in choice of providers, family size, income, change in employer, change in work hours, change in education/training activity (including class days/hours and curriculum), if parent begins receiving child support payments, change in marital status (this includes cohabitation), change of address, a child receiving child care services reaches his/her 13th birthday, a child receiving full-time child care begins school and requires less than full-time or any other changes that could affect their eligibility for services. Parents shall be informed that failure to report such information may result in case closure and prosecution for fraud. It is the parent's responsibility to cooperate fully in the eligibility determination process. Parents shall use child care only for activities that have been authorized.

It is the parent's responsibility to pay all fees owed directly to the provider. Parental failure to pay fees (e.g., co-payments, charges above the Maximum Reimbursable Rate, non-covered registration fees, etc.) and/or any back fees owed may result in case closure.

It is the parent's responsibility to choose the provider of child care and to monitor that care. It is the responsibility of parents to deliver the child to the child care setting clean and well; to pick the child up promptly at the agreed upon time; to inform the provider when the child will not be coming due to illness; to pick up the child during the day if the child becomes ill; and if transportation is being provided, to get the child safely and promptly to the pick-up site and to meet the child promptly at the discharge point.

Parents should register with the Division of Child Support Enforcement (DCSE) if the absent parent, or any other person who, under Virginia law, is financially responsible for the children, is not providing child support. Once registered, it is the parent's responsibility to cooperate with Child Support Enforcement. Non-cooperation is grounds for case closure. Parents are responsible for providing the local department of social services with the DCSE case number and other pertinent information upon request. Failure to cooperate shall result in ineligibility for services.

H. REASSESSMENT

Parents and providers shall cooperate with the local agency, which shall make a direct contact at least quarterly with a member of the case household or the provider. The service worker shall evaluate, at least quarterly, whether the child care services authorized are meeting the needs of the child and parent. A contact with the provider may count as a quarterly contact, but not more than twice a year. In some cases, other services will be needed by the family and will be provided directly or arranged for by the service worker. Revisions of a written service plan should be made accordingly. Reassessment, including eligibility review, is required annually. Exception: See Section V.B.2. regarding income eligibility for Head Start families.

I. TERMINATION/AFTER CARE

Agency termination of child care services shall be planned jointly with the parent and provider. The agency shall determine if continued services are needed and assist the family with appropriate referrals. The child should be prepared in advance, if at all possible, for any change in child care. Planning and preparation of the child is especially important when care is terminated for school-age children who are moving from supervised child care into being alone for a portion of the day.

Once child care is terminated, continuing social services may be needed by the family and/or a referral to another service agency. An assessment of need shall be completed.

For transitional services, child care shall be terminated when the 12 month eligibility period is ended, unless the family requests and is found to be eligible for the Fee System and funds are available.

Other reasons for denying or terminating child care include, but are not limited to, discontinuation of employment, the need for child care services no longer exists, the parent is no longer eligible for services, failure to pay required fees, failure to make satisfactory arrangements to pay back fees owed, failure to make satisfactory progress in education/training, failure to provide necessary verifications/information, at the customer's request, moved from locality, children out of home, lack of funds and failure to cooperate with DCSE.

Adequate documentation supporting the reasons for termination shall be filed in the case record. If the locality proposes to deny, discontinue, terminate or reduce child care benefits, a written Notice of Action or letter must be sent to the parent at least 10 days in advance of the date the action is to become effective. If the parent disputes this decision, they are entitled to a fair hearing. (See Volume VII, Section I, Chapter B).

If a letter is used it should contain all appeal information found on the Notice of Action form. When terminating Transitional child care the

Notice of Action should be sent 60 to 90 days prior to termination. This will enable the agency to continue services within the twelve month period of eligibility should an appeal occur and give the client adequate time to prepare for the termination of eligibility.

J. REQUIRED DOCUMENTATION

Agencies shall assure that case records are maintained accurately in accordance with case management policy in department manuals. Volume VII, Section I, Chapter B provides a listing of generic forms required for the case record and also discusses case record organization. Required child care forms are found in section L of this policy.

K. CASE TYPES

For cases receiving child care services, the following guidelines shall be used to select the appropriate VACIS case type.

EMPLOYMENT - VIEW WITH CHILD CARE/OTHER SUPPORT -
CODE 92

Code 92 is used in cases where a VIEW registrant is being assessed or receiving child care. This is the code used for VIEW cases.

EMPLOYMENT - CHILD CARE/OTHER SUPPORT - NON VIEW -
CODE 96

This code is appropriate for TANF employment cases (non VIEW) receiving child care and/or other support services, for child care Fee System cases, for Head Start Wrap-Around cases, for parents receiving transitional services, and FSET clients receiving child care.

L. FORMS USED IN SERVICE PLANNING

1. Required Child Care Forms

- a. Provider Rate Verification form (032-02-091); used by all providers to give to the agency, in the absence of a published rate schedule, written verification of the child care rates charged the general public. The Health and Safety Checklist for unregulated care may be used in lieu of this form for those providers.
- b. Child Care Income Eligibility/Co-payment Worksheet (032-02-093/1); to provide a standardized format to determine and document income eligibility and client co-payment amount for Child Care Fee System programs.
- c. Child Care Fee Payment Agreement (032-02-090); To have in writing the agreed upon arrangements for the payment of fees to a provider.

- d. Health and Safety Checklist for Unregulated Providers (not applicable to grandparents, great grandparents, aunts, uncles or adult siblings).
- e. Child Care Parent Responsibilities Form (032-02-420); to inform customers of their responsibilities to cooperate with eligibility determination, what constitutes fraud and also the consequences of fraud.
- f. Sworn Statement or Affirmation
- g. Notice of Limited Funding (for Fee cases only)

2. Optional Child Care Forms

- a. Emergency Medical Authorization Card (032-02-057/1) used for family day care or in-home care, regulated or unregulated. This card is used by the parent to give the provider of family or in-home care authority to obtain emergency medical care for a child when the parent or another designated person cannot be located. It should be documented in the record if the card was given to parents.
- b. Provider Agreement: Localities may develop written agreements with child care providers that establish the standard operating procedures to be used to approve and to make payments for child care subsidy programs. The content of such agreements must be approved by the Department prior to use.

3. Localities may develop their own version of any of the above forms with the Department's approval.

M. WAITING LIST

In the Fee System program it may become necessary to place a family on a local agency waiting list. Therefore, local agencies shall have a waiting list policy for these child care funding sources. Prior receipt of TANF shall not be a reason for preferential placement on a waiting list. Proposed policy for a waiting list must be approved by the Department prior to submission to the local board of social services. A waiting list policy must assure that decisions are made uniformly.

If funds are not immediately available to provide services, the family must be screened prior to being placed on the waiting list. Screening may be done by telephone, by a face-to-face interview, or the local agency may mail a screening form to the family. Verification of eligibility criteria is not required to screen a family for the waiting list. The family's declaration regarding eligibility criteria, such as, but not limited to, employment, income and ages of children, is acceptable. If the

screening indicates the family may be eligible for assistance, they are to be placed on the waiting list.

Families who are receiving Transitional child care may be placed on the waiting list no earlier than 60 days prior to the end of their Transitional eligibility. Families who are receiving Head Start Wrap-Around child care may be placed on a waiting list no earlier than 60 days prior to the end of their child's Head Start enrollment.

Each local agency shall update its waiting list each April and October. All families must be entered into the Waiting List Database managed by the Department. The waiting list screening tool is available through the local department web site. If the screening tool indicates the family may be eligible, the waiting list database will be updated automatically. If a local screening form is used, the waiting list database must be updated in order to place a family on the waiting list.

The Waiting List Database will notify local departments each month of families who have been on the waiting list for 90 days or more. The agency may use this tool to update its waiting list quarterly, or the agency may do a mass update each April and October. Updated family information may be obtained by letter, phone call or in-person. The worker should assess continued interest in being on the waiting list and obtain a current address and telephone number. The local agency shall not require a face-to-face interview to update a family's waiting list status.

When families are removed from the waiting list, they must be deleted from the Waiting List Database. Instructions for deletion of information from the waiting list can be found at the local department web site.

Families must be advised that they have the right to apply for services rather than be screened for the waiting list. If they apply and are determined to be eligible for child care assistance but funds are not available to immediately serve them, they are to be placed on the waiting list. The Notice of Action to deny the application must advise the applicant that they are being placed on the waiting list and why.

When sufficient funds are not available to provide immediate assistance, families should be advised of other community resources that may be available to help them. These resources may include, but are not limited to, Head Start, the Virginia Preschool Initiative for At-Risk Four-Year-Old Children, and programs that offer scholarships or services based on a sliding fee scale, including YMCA/YWCA programs, church programs and local not for profit programs.

X. TYPES OF PAYMENT

Local agencies will make payment for child care services by means of direct payment to the provider upon submission of an invoice. This is the standard method of payment to be used. At the discretion of the local agency, the reimbursement method of payment may be used in appropriate situations.

Local agencies may use a modification of the department's Purchase of Service Order form (032-02-126/3) to make direct payment to providers. Such a modified form would have to receive prior department approval and meet all requirements found in department manuals to ensure that it contains all necessary elements to authorize the delivery of service to the family.

TANF recipients who are working may choose to take the earned income disregard for child care expenses. If they choose this option, no child care record will be opened because the customer will be handling their child care payments on their own from funds from their assistance grant. Prior to completing the child care service authorization, the service worker should receive assurance from the local eligibility worker (TANF) that the customer has not chosen the earned income disregard for child care.

Foster care funding sources, not the Child Care and Development Fund and the programs outlined in this chapter, are to be used for payment for child care for children in foster care (see Volume VII, Section III, Chapter B, Foster Care for instructions on how to purchase child care services for children in foster care).

EXCEPTIONS

1. If a local agency maintains custody of a child, but the child is in the physical custody of their parent(s) and the parent(s) need child care in order to maintain employment or to attend an approved education/ training program, the parent(s) may apply for Fee System child care assistance in the locality in which they reside.
2. If a minor adolescent is in an Independent Living situation and has a child who receives TANF benefits, application can be made for TANF child care funds. If the minor's child does not receive TANF benefits, application can be made for Fee System child care funds. If the local agency has a Fee System waiting list, funding for child care may be available through the Comprehensive Services Act funding.

XI. DETERMINING PAYMENT AMOUNT

A. MAXIMUM REIMBURSABLE RATES

The Department will establish local Maximum Reimbursable Rates for child care for all localities in the state by type of care. Agencies shall pay the rates and fees providers charge the general public or a negotiated rate. The payment shall not exceed the local Maximum Reimbursable Rate for a particular kind of care **nor the reimbursement**

tier of the provider. For children with special needs, 100% of the cost of care is the rate to be paid, even if this exceeds the established Maximum Reimbursable Rate.

EXCEPTION: If there are three or fewer providers for a type of care in rural areas, the rates they charge the public become the Maximum Reimbursable Rates. "Type of care" refers to Family Day Homes or Child Care Centers, not infant, toddler, school age, etc.

Agencies shall not establish their own maximum monthly rates of pay.

For customers who pay a co-payment, see part E in this section (sliding fee scale) for instructions on how to use the Maximum Reimbursable Rates. This section explains how to calculate the parent co-payment.

Unless there are extenuating circumstances, agencies shall purchase only the amount of child care required to support the approved activity. In some instances payment may be made for care while a parent sleeps. This may be done in situations where the parent works non-traditional hours and must sleep for some of the hours while the children are awake. The total number of hours covered will not exceed the number which would have been needed for work only.

If a TANF recipient is both working and in education/training, the agency may choose to pay for the child care from both of the applicable programs with the payment separated based upon the hours spent in each activity, or the agency may provide child care from the program category for which the majority of hours are committed.

The provider will be paid up to the Maximum Reimbursable Rate **for the appropriate reimbursement tier** of the jurisdiction in which the provider is located. For out-of-state providers the local agency's Maximum Reimbursable Rate shall be used.

Parents who choose to place a child in a facility whose rate is above the local Maximum Reimbursable Rate shall pay the additional amount themselves, unless the agency elects to pay the additional amount out of local only funds. When agencies use local only funds to subsidize the cost of care above the local Maximum Reimbursable Rate, this policy shall be approved by the local board of social services and recorded in the minutes, including the maximum allowable subsidy. Subsidy decisions shall not be made on an individual case basis.

In applying the appropriate Maximum Reimbursable Rate, the local agency may use the age range definitions used by the provider or those used by the Division of Licensing Programs. The age definitions used by the Division of Licensing Programs for child day centers are:

- Infants - children from birth to 16 months,
- Toddlers - children from 16 months up to two years,
- Preschool - children from two years up to the age of eligibility to attend public school (five years by September 30),
- School age - children eligible to attend public school.

For in-home care, payment is at least minimum wage but not more than the Maximum Reimbursable Rate for the number of children in care. See Section VIII.A in this chapter for more information on in-home care.

Local departments of social services that approve providers in accordance with §15.2-914 of the *Code of Virginia* must have guidelines that meet or exceed the *Minimum Standards for Licensed Family Day Homes* to pay at Tier 2 MRR. Local departments must certify and provide written documentation to their appropriate child care consultant that their approval process does meet or exceed *Minimum Standards for Licensed Family Day Homes*.

B. UNIT PRICE

The unit price of service shall be based on a week or less. Rates paid will be based on provider enrollment and attendance practices and department payment policies.

If less than a full week of care is needed, the unit price to be used will be the most economical rate for the amount of care required within the limits of the local Maximum Reimbursable Rates. If the provider charges the general public a weekly rate for less than full-time care, and the rate is within the limit of the local Maximum Reimbursable Rate and no part-time care is available, the full-time rate may be used until part-time care can be found. Customers are expected to find providers who charge for only the time required if at all possible.

The Maximum Reimbursable Rates are presented by locality as weekly, daily and hourly rates for center and family care **for both Tier 1 and Tier 2**. If less than a full day or week of care is needed, the unit to be used will be the most economical rate for the amount of care required within the limits of the local Maximum Reimbursable Rate. Maximum Reimbursable Rates are included as Appendices K **and N** to this chapter.

Hourly rates are based on care six hours or less per day. The daily rate must be used if the hourly rate times the number of hours exceeds the daily rate. The weekly rate must be used if the daily rate times the number of days exceeds the weekly rate.

With the exception of a single annual registration fee, the total cost of care, including special programs, activities fees and transportation, shall not exceed the local Maximum Reimbursable Rate and shall be identified and entered on the Purchase Order as one child care cost. When a single annual registration fee is not included in the rate charged by the provider, it shall be paid by the agency separately.

The local agency has the option to include a summer activity fee as part of the annual registration fee. The annual registration fee may be made in two separate payments.

Transportation services shall be paid using child care funds only when the transportation services are provided by the child care provider and the total cost of all services provided by the child care provider do not exceed the established Maximum Reimbursable Rate for the type of care. The total cost of care shall be identified and entered on the Purchase Order as one child care cost.

C. OPTIONAL PAYMENTS

Child care may be purchased if child care arrangements would otherwise be lost for up to two weeks prior to the start of employment or training and for up to one month during a break in employment or training if a subsequent activity is scheduled to begin within that period. Child care may also be purchased if the parent is ill or incapacitated, or if the child is absent from care for up to four weeks in a twelve month period for justifiable reasons as set forth in the Service Plan. This time period may be extended for justifiable reasons at local option.

The agency may authorize child care services for a sick child from a provider other than the primary provider. A second Purchase of Service Order covering the same time period as the first is allowable. The agency will make payment to the primary provider following the enrollment policy of the provider.

D. BEGINNING DATE OF SERVICE PAYMENT

1. The beginning date of service payment authorization shall be the date the signed application is received in the agency if the client/family is determined eligible within 45 days.
2. If determination is made more than 45 days after the signed application is received, services may begin only on the date eligibility is determined, except in the case of administrative delay.
3. If the provider returns required information to the agency within 45 days or more than 45 days after the signed client application is received due to administrative delay, payment shall be made retroactive to the date the signed application was received by the agency. No payment can be made until all required documentation is received and approved by the agency.
4. Payment cannot be made to a licensed, Voluntary Registered, or local department approved provider prior to the effective date of their initial license, registration or approval, unless they meet all requirements of an unregulated provider.

E. SLIDING SCALE

All recipients of child care subsidy pay a co-payment, except:

- TANF recipients;
- Participants in the FSET program;
- Fee System recipients in the Head Start Wrap-Around program whose income is at or below the federal poverty level; and
- Fee System families in which the caretaker does not have a legal responsibility to support the child(ren) and the child(ren) has no income.

1. State Sliding Scale

Unless a local alternative scale is approved, the sliding scale established by the State Board of Social Services shall be used statewide for determining income eligibility for the Transitional and Fee System programs. Co-payments will be 10% of gross income, unless a local alternate sliding scale has been approved. There is a minimum co-payment of \$25 a month for all families with income.

Proposed alternate sliding scales shall be approved by the Department prior to submission to the local board of social services.

Localities are grouped by local median income with some adjustments made for actual cost of care. In using the statewide income scale, determine first which group your locality falls into (Group I, II or III. See Appendix H). All parents with income receiving Fee System or Transitional subsidies must contribute towards the cost of their child care. There is a minimum co-payment of \$25 a month for all parents with income. No co-payment is required if the caretaker does not have legal responsibility for the financial support of the child and the child has no income.

Exception: Families with children in the Head Start Wrap-Around program whose income is at or below the federal poverty level pay no co-payment if all the children receiving a subsidy are enrolled in a Head Start/Early Head Start program. If siblings of a Head Start/Early Head Start enrolled child are receiving a subsidy through the Head Start Wrap-Around program, because the local department has a waiting list for the

Fee System, a co-payment is assessed, even if the family's income falls at or below the federal poverty level.

The co-payment for Head Start families will remain the same during the period of income eligibility outlined in Section V.B.2. However, if a co-payment is assessed and the family's income decreases, the family may request a decrease in their co-payment. If they request a change, the agency will re-evaluate the income and decrease the co-payment, if applicable.

Localities may limit receipt of Fee System program subsidies to a maximum of five years. The 60 months do not have to be consecutive. Each family receiving a Fee System subsidy shall be given at least 12 months notice before the five year limit is imposed. Receipt of Fee System subsidy in another locality may impact the total number of months of receipt of child care subsidy. Receipt of Transitional child care does not count toward the five years.

Agencies have the option of assisting parents with the payment of the child care co-payment as determined by the sliding fee scale using local only funds. Local policy for the subsidy of parent co-payments shall be approved by the local board of social services and recorded in the minutes. Local policy governing subsidy for parent co-payments shall be applied uniformly.

Agencies may prorate the co-payment when a partial month of care is all that is needed. Prorating the co-payment is an option and may be limited to the first and last month of subsidy to lessen the administrative burden on localities.

2. Alternate Co-payment/Income Eligibility Scales

Requests from localities to deviate from the standard co-payment or income eligibility schedule must be approved by the Department prior to implementation. Alternate co-payment or income eligibility scales are expected to not result in a higher cost per case. Requests for deviation which would serve fewer families or result in a higher cost per case will be considered only upon submission of adequate justification. Any alternate co-payment or income eligibility schedules or descriptions of pilot programs will be submitted to the U. S. Department of Health and Human Services (HHS) upon approval by the Department.

Any change to an approved alternate co-payment or Income Eligibility Scale must be approved by the Department prior to implementation of the change. Requests for approval shall be submitted to the Department.

STATE SLIDING FEE SCALE FOR CHILD CARE

Maximum Monthly Income Level
6/1/2005- 5/31/2006

| Family Size | Monthly Poverty Guidelines | GROUP I 150% of Poverty | GROUP II 160% of Poverty | GROUP III 185% of Poverty |
|---------------------------------------|----------------------------------|----------------------------------|-----------------------------------|------------------------------------|
| 1 | \$ 798 | \$ 1,197 | \$ 1,276 | \$ 1,476 |
| 2 | \$ 1,069 | \$ 1,604 | \$ 1,711 | \$ 1,978 |
| 3 | \$ 1,341 | \$ 2,012 | \$ 2,146 | \$ 2,481 |
| 4 | \$ 1,613 | \$ 2,419 | \$ 2,580 | \$ 2,984 |
| 5 | \$ 1,884 | \$ 2,827 | \$ 3,015 | \$ 3,486 |
| 6 | \$ 2,156 | \$ 3,234 | \$ 3,450 | \$ 3,989 |
| 7 | \$ 2,428 | \$ 3,642 | \$ 3,884 | \$ 4,491 |
| 8 | \$ 2,699 | \$ 4,049 | \$ 4,319 | \$ 4,994 |
| FOR EACH ADDITIONAL PERSON ADD: | \$ 272 | \$ 408 | \$ 435 | \$ 503 |

F. FINANCIAL MANAGEMENT OF CHILD CARE CASES

For each active child care case, the worker should develop a funding plan with a goal of providing continued child care for the family as they pursue self-sufficiency.

Tracking expenditures on a monthly basis in relation to monthly allocations is the most effective method of managing annual allocations and continuing cases without interruption. The agency should make adjustments in the planned monthly allocations for those times of the year when costs for care fluctuate.

The local agency should regularly monitor encumbrances and expenditures to monitor how billed charges compare to funds encumbered for each case. As case changes occur, unused funds should be unencumbered to maximize the use of allocations.

In certain instances, agencies will have caseloads that cannot be continued within fiscal year allocations. If this occurs, agencies may request additional resources. If additional funding is not provided, agencies should reduce cases through attrition, if possible, until the appropriate caseload and expenditure levels are attained. No new cases should be added during this time. If caseloads cannot be reduced through attrition, agencies may close cases to reduce expenditures to funding levels. When the proper expenditure levels are attained, cases may be added to the caseload as other cases are closed.

Recipients of Fee System services must be advised that funding for this program is limited and that continued assistance cannot be guaranteed. They must sign the Notice of Limited Funding form to document that they are aware that funding can be terminated for this program. A copy of the form must be filed in the case record.

XII. FRAUD

The Code of Virginia (63.2-522) deems guilty of larceny any person who obtains assistance or benefits by means of a willful false statement or who knowingly fails to notify of a change in circumstances that could affect eligibility for assistance. Welfare fraud is larceny, and recipients deemed guilty of larceny, upon conviction, are subject to penalties as specified in the Code of Virginia, Chapter 5 18.2-95 et seq.

A. REPORTING REQUIREMENTS

Local agencies shall explain to applicants for child care services the importance of providing accurate and thorough information and of notifying the agency of changes during service delivery. The consequences of not complying with reporting requirements should be made clear to parents.

Changes which must be reported include, but are not limited to:

1. Change in household income
2. Change in employer
3. Change in work hours
4. Change in education/training activity, including class days/hours and curriculum
5. Parent/caretaker begins receiving child support payments
6. Change in number of household members
7. Change in marital status (this includes cohabitation)
8. A child receiving child care services reaches his/her 13th birthday
9. A child receiving full-time child care begins school and requires less than full-time care
10. Change of address
11. Change of provider

All changes must be reported within 10 calendar days of when they occur.

Applicants for child care services are required to sign the Child Care Parent Responsibilities form. Agencies should review the contents of this form with applicants and provide clarification, if needed. The applicant and the worker should sign the form with a copy given to the applicant and the original maintained in the case record. Localities may develop their own version of this form with the Department's approval.

B. REPAYMENT

In addition to any criminal punishment as set forth in the Code of Virginia, anyone who causes the Department of Social Services to make an improper vendor payment by withholding any of the above changes or by providing false information, will be required to repay the amount of the improper payment.

Repayment will be in either a lump sum or according to a written repayment plan between the responsible person and the local Department of Social Services. The repayment plan should be signed by the responsible person and an authorized agency representative. In cases of repayment for proven fraud, localities must have a tracking system to ensure that claims are established and satisfied.

A second occasion of child care fraud will result in ineligibility for further service.

Child care providers guilty of child care fraud will be denied further child care payments.

XIII. COMMUNITY COORDINATION

Local departments shall coordinate child care services with existing child care resource and referral agencies, early childhood education programs, schools, private for-profit and non-profit child care providers, and other groups in the community involved in child care and early childhood development. This will be done in order to ensure understanding of the department's program, to enhance parental choice, to increase the availability and quality of child care services, and to maximize coordination of child care services in the community.

Local agencies may contract with other local governmental or non-profit agencies for the management of certain child care services.

The Department must give prior approval to any such contract, review the contract annually, and monitor the local agency's administration of said contract. The local agency shall assure that the contractor meets all department policy and reporting requirements and provides the services specified in the contract. The agency will follow local procurement procedures.

XIV. LOCAL RECRUITMENT, APPROVAL, TRAINING OF PROVIDERS

It is the responsibility of the agency to work with other organizations in the community in efforts to encourage the development of child care resources to meet unmet need. This can be done by encouraging the expansion of family day homes, center care and other forms of care such as for school-age children.

If a family day home is not required to be licensed, the agency may approve the home using the 'Standards and Regulations for Agency Approved Providers', or encourage the family child care provider to become voluntarily registered or licensed. Localities are not required to approve family day care homes and should only use the Standards and Regulations for Agency Approved Providers with homes that will be serving department customers.

It is also the responsibility of the agency to work cooperatively with other community resources in making adequate training opportunities available to all child care providers.

XV. COMPLAINTS IN THE CHILD CARE SETTING

A. CHILD ABUSE OR NEGLECT

All complaints regarding possible child abuse or neglect occurring in a child care setting must be referred to the Child Protective Services unit at the local agency serving the area where the child care service is located. Information regarding the complaint shall be shared with the worker responsible for licensure or approval.

In situations when parents select a provider for whom there are child protective service concerns, agencies must weigh the provider's right to confidentiality with the parent's right to be informed and the child protected. If parents have been informed and continue to place their child in an unsafe environment, a referral to Child Protective Services may be in order.

B. OTHER COMPLAINTS

All other complaints should be referred to the approval authority. In the case of licensed day care centers or licensed family day care homes, the complaint would go to the licensing unit at the Department's office serving that area. In the case of local agency approved child care providers, the complaint would go to the unit that approved the provider at the local agency. The toll free information Hot Line for the Division of Licensing Programs may be used to report concerns regarding current child care arrangements (1-800-543-7545).

XVI. CHILD CARE LOCAL PLAN

Each local department of social services will complete an annual Child Care Local Plan. The Plan provides data and information about the local Child Care Program. The format for the Plan will be provided by the Department each year. Plans are submitted to and approved by the Department.

XVII. APPENDICES

- A. CHILD'S EMERGENCY MEDICAL AUTHORIZATION (032-02-057)
- B. CHILD CARE PROVIDER RATE VERIFICATION (032-02-091)
- C. INCOME ELIGIBILITY/CO-PAYMENT WORKSHEET (032-02-093)
- D. CHILD CARE FEE PAYMENT AGREEMENT (032-02-090)
- E. HEALTH AND SAFETY CHECKLIST FOR UNREGULATED PROVIDERS_(032-02-001)
- F. CHILD CARE PARENT RESPONSIBILITIES (032-020420)
- G. CHILDHOOD IMMUNIZATION CERTIFICATION (032-03-960)
- H. METROPOLITAN STATISTICAL AREA GROUPINGS
- I. SWORN STATEMENT OR AFFIRMATION (032-02-094)
- J. CHILD CARE BARRIER CRIMES
- K. **TIER 1** MAXIMUM REIMBURSABLE RATES
- M. WAITING LIST SCREENING FORM
- N. **TIER 2** MAXIMUM REIMBURSABLE RATES

Appendix A

FRONT

Child's Emergency Medical Authorization

CHILD'S MEDICALLY DIAGNOSED ALLERGIES OR CHRONIC CONDITIONS ETC

CHILD'S MEDICAL NUMBER

OTHER INSURANCE

IF YES, COMPANY

☐ YES ☐ NO

INSURANCE NUMBER

The Parent/Guardian authorizes immediate medical care and consents to the hospitalization of and/or the performance of necessary diagnostic tests upon, the use of surgery on, **and/or** the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately.

SIGNATURE OF PARENT OR GUARDIAN

DATE

NOTE: THIS FORM IS TO BE KEPT BY THE PROVIDER AND IS TO BE TAKEN TO THE DOCTOR OR TREATMENT FACILITY IN CASE OF EMERGENCY

BACK

NAME OF CHILD

BIRTHDATE

NAME OF PARENT(S) OR GUARDIAN

ADDRESS

CITY, STATE, ZIP

MOTHER'S EMPLOYMENT

ADDRESS

CITY, STATE, ZIP

PHONE

FATHER'S EMPLOYMENT

ADDRESS

CITY, STATE, ZIP

PHONE

GUARDIAN'S EMPLOYMENT

ADDRESS

CITY, STATE, ZIP

PHONE

CHILD'S PHYSICIAN OR CLINIC

ADDRESS

CITY, STATE, ZIP

PHONE

CHILD'S EMERGENCY MEDICAL AUTHORIZATION

FORM NUMBER: 032-02-057/2 (10/02)

PURPOSE: This card is used to give the provider of family or in-home care authority to get emergency medical care for a child when the parent or another designated person cannot be located.

USE: The parent will fill the card out and get it authorized, if necessary. There should be one card filled out for each child in care. The provider of care should have this card accessible at all times should an emergency occur, especially when away from the home with the child in care.

COPIES: There is only one copy of this card. It is kept by the provider.

INSTRUCTIONS FOR PREPARING FORM/CARD:

CHILD'S ALLERGIES, ETC.:

Enter here any medically diagnosed allergies or chronic conditions. This is also an area where the card may be notarized. Some medical facilities in the State will not accept this card unless it has been notarized.

CHILD'S MEDICAL NUMBER:

Enter here the child's primary medical insurance coverage number.

OTHER INSURANCE:

Enter whether the child is covered by any additional insurance, and, if so, the company name. Indicate that insurance number.

SIGNATURE OF PARENT:

Signature of parent goes here and date of signature.

BACK OF FORM/CARD:

Enter all other data called for giving information on the parents or caretakers, places of employment, child's physician, and all relevant addresses and phone numbers.

Enter here the name and birth date of the child in care being covered by this emergency medical authorization.

Appendix B

Commonwealth of Virginia
Department of Social Services

Worker Name _____
Worker Telephone _____
Worker FAX _____

CHILD CARE PROVIDER RATE VERIFICATION

PART I

Name Social Security Number/Fed ID# _____

Address Telephone _____

Hours of Operation _____ Days of Operation _____

Regulated ____ Unregulated ____ If Unregulated, Provide Date of Birth: _____

PART II

DESCRIPTION OF SERVICES

Total Annual Registration Fee(s): \$ _____

| RATES | Hourly | Daily | Weekly | Monthly | Before School | After School | Before And After School |
|------------|--------|-------|--------|---------|------------------|-----------------|-------------------------------|
| Infant | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Toddler | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Preschool | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| School-Age | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

PART III

No payment can be made until all required provider documentation is received by and approved by the Department of Social Services.

Signature of Provider _____ Date _____

PART IV

OFFICIAL USE ONLY

Regulated _____ Applicable Maximum Reimbursable Rate:

Unregulated _____ Rate(s) (1) _____
(2) _____
(3) _____

PROVIDER RATE VERIFICATION

FORM NUMBER: 032-02-091/1 (10/02)

PURPOSE: (1) To provide written verification of the child care service rate(s) in the absence of a published rate schedule available to the general public.

(2) To enable the local agency to compare the provider rate(s) against the applicable Maximum Reimbursable Rate for each type of service.

USE: The provider fills in the appropriate areas, signs and dates the form. The form is filled out only once before the provision of care begins and whenever the provider's rate changes. If the provider provides care to more than one client, only one original is needed. The rates shall be discussed with each subsequent client prior to the initiation of child care services. For unregulated providers, the Health and Safety Checklist may be used in lieu of this form because it records the rates charged.

COPIES: There are two copies of this form.

DISPOSITION OF COPIES:

The first copy goes to the provider.

The second copy is filed in the provider record for a regulated provider or the client's record for an unregulated provider.

INSTRUCTIONS FOR PREPARING FORM:

PART I: This section is completed by the provider. It includes the provider's name, address and telephone number. The provider will indicate the hours and the days of operation.

PART II: This section is completed by the provider. The provider will give a description of the service(s) and indicate the unit cost for each service. If more than three service types are provided, an additional form shall be completed.

PART III: This section is signed and dated by the provider. Copies of the original may be used for subsequent customers.

PART IV: This section is completed by the local agency. The agency will indicate whether the provider is regulated or unregulated. The local agency will enter the applicable Maximum Reimbursable Rate(s) for the type of service(s) as described in Part II.

Appendix C

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES**

CHILD CARE INCOME ELIGIBILITY/CO-PAYMENT WORKSHEET

Client Name _____ Case # _____ Date _____

Number in
Family Unit

Maximum
Income
Allowed

Poverty Level
For Family Size
(Head Start Wrap Around)

| | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Gross Monthly Income: | \$ _____ |
| Income Eligible: | _____ Yes _____ No |
| Head Start-Enrolled Child in Family | _____ Yes _____ No |
| Monthly Amount Family Pays: Multiply Gross Monthly X 10% = Co-Pay: OR Head Start Family below Poverty Level = 0 Co-Pay | \$ _____ \$ _____ |

Optional: Anticipated Closing Date (check one)

_____ Transitional Period Ends _____ 60 Months Ends _____ NA

CHILD CARE INCOME ELIGIBILITY/CO-PAYMENT WORKSHEET

FORM NUMBER: 032-02-093/2 (10/02)

PURPOSE: The purpose of this form is to provide a standardized format to determine and document income eligibility and client co-payment amount for the Child Care Fee System programs.

USE: The local agency service worker completes this form at the time of initial eligibility and co-payment determination, at the time of each review, and when a change in family status or income will affect income eligibility and the co-payment amount.

COPIES: There is one copy of this form.

DISPOSITION OF COPIES:
The form is filed in the client's record.
For subsequent redetermination, the form is batched with previous forms used.

INSTRUCTION FOR PREPARING FORM:

Client Name and Number:
Enter the client's name and case number on each form.

Date: Indicate the date that the eligibility/fee amount determination was made.

Number in Family Unit:
Determine number in family unit using the procedures in Volume VII, Chapter B, Intake and Case Management.

Maximum Income Allowed:
Insert the maximum income for this family size in your locality using the child care policy manual.

Poverty Level for Family Size:
For the Head Start Wrap-around program, insert the federal poverty level for this size family using the child care policy manual.

Income: Determine gross monthly income using the procedures in Volume VII, Chapter B, Intake and Case Management.

Monthly Co-payment Family Pays: Calculate 10% of the gross monthly income as the co-payment OR determine that all children receiving the child care subsidy are enrolled in Head Start, the household's income is below the Federal Poverty Level and there is no co-payment. If non-Head Start enrolled siblings also receive a child care subsidy, there is always a co-payment.

Appendix D

Commonwealth of Virginia
Department of Social Services
CHILD CARE

Worker Name _____
Worker Telephone _____
Worker FAX _____

CHILD CARE FEE PAYMENT AGREEMENT

PART I – General Information (To be completed by Parent/Caretaker)

| | |
|-------------------|-----------------------|
| Parent/Caretaker | Home Telephone Number |
| Address | City, State, Zip |
| Children in Care: | |
| 1 _____ | 4 _____ |
| 2 _____ | 5 _____ |
| 3 _____ | 6 _____ |

PART II – Agreement by Parent Caretaker

I have been determined eligible for child care financial assistance by the _____
(Local Department of Social Services)

I agree to pay a monthly co-payment of _____ to (provider name) _____
for the provision of child care services for the child(ren) listed above. In addition, I agree to pay any amount above the maximum reimbursable-rate and any other fees
charged by the provider and agreed to by me.

I understand that if my fees are not paid as per this agreement, my child care provider may refuse to accept my child(ren) into care until all fees are paid or my provider and I
agree to a repayment plan.

**I understand that no payment can be made by the Department of Social Services until all required documentation is received by and approved by the Department
of Social Services.**

**I understand that fraud is larceny. Fraud involving more than \$200 is a felony. The Code of Virginia (§63.2-522) deems any person who obtains assistance or
benefits by means of a willful false statement, or who knowingly fails to notify of changes in circumstances that could affect eligibility for assistance as guilt of
larceny. Upon conviction, the Code of Virginia authorizes punishment according to State law.**

Signed _____ Date _____

PARENT/GUARDIAN

PART III – Agreement by Child Care Provider

I agree to accept the stated co-payment amount for the provision of child care services per the agreement in Part II. I will bill the local department of social services for the
remainder of my monthly child care charge following the contract provided by the local department of social services. I further agree to notify the department of social services
if the parent/caretaker fails to make the payment as required by Part II of this agreement.

I understand it is my responsibility to collect any fees due from the parent/caretaker.

**I understand that no payment can be made by the Department of Social Services until all required documentation is received by and approved by the Department
of Social Services.**

**I agree to provide complete and accurate information to the Department of Social Services. I understand that if I provide false information I could be prosecuted
for fraud.**

Signed _____ Date _____

PROVIDER

CHILD CARE FEE PAYMENT AGREEMENT

FORM NUMBER: 032-02-090/1 (10/02)

PURPOSE: The purposes of this form are:

- (1) To have in writing the agreed upon arrangements for the payment of child care fees to a provider.
- (2) To highlight the parent's responsibility for fee payment and the consequences for not doing so in a timely manner.
- (3) To highlight the provider's responsibility to collect parent fees and to report non-payment to local agency.

USE: Provider and parent fill in appropriate areas, sign and date the form. The form is filled out prior to the provision of child care services after the co-payment has been calculated, when the co-payment amount changes or when the client changes child care providers. The form is client specific.

COPIES: There are three copies of the form.

DISPOSITION OF COPIES:

The first copy goes to the parent.
The second copy goes to the service worker and is filed in the record.
The third copy goes to the provider.

INSTRUCTION FOR PREPARING FORM:

PART I:

This section is completed by the parent/caretaker. It provides general client information and indicates the number and name(s) of the child(ren) authorized to receive care from the provider.

PART II: The service worker indicates the name of the local department of social services authorizing care and the family's co-payment as determined by the local agency.

The parent will negotiate with the provider the day of the month that the fee is due. This section is signed and dated by the parent.

PART III: This section is signed and dated by the provider.

Appendix E

HEALTH AND SAFETY CHECKLIST FOR UNREGULATED PROVIDERS

| | |
|-------------------------------------------------------------------|-------------|
| Return to: Local Department of Social Services Mailing Address | |
| Worker Name _____ | Phone _____ |

This checklist in no way constitutes a license or certificate

INSTRUCTIONS:

The parent and the child care provider must fill out the entire form together in the home where care is provided.

Read statements in Sections I and II. If the statement is true, put a check mark in the "yes" column. If the statement is false, put a check mark in the "no" column. If the parent does not agree with any of the responses to the statements, she or he should list the number of those statements in Section V.

The provider must send the completed form to the service worker in the local department of social services. After receiving all necessary clearances and the completed Health and Safety Checklist, the worker will send a copy of the checklist to the parent and to the provider for their records.

Section I: To be filled out for Family Day Home Providers and In-Home Providers

| HEALTH AND SAFETY STATEMENTS | | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|----|
| 32- - If/When I drive the children in a motor vehicle, I make sure the vehicle meets the rules set by the Division of Motor Vehicles, such as: Car has a current license plate Car has safety inspection sticker Car has local sticker I have insurance for the car I have a current driver's license | | | |
| 2. Any motor vehicle used has required seat belts and car seats. | | | |
| 3. I have the names and phone numbers of one or more persons in addition to the parent(s) who may be contacted in case of emergency. | | | |

Section II: To be filled out for Family Day Home Providers

| HEALTH AND SAFETY STATEMENTS | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 4. I have a working telephone, or can easily get to one. | | |
| 5. All areas of my property where the children are allowed are free of obvious dangers (for example, electrical outlets are covered). | | |
| 6. There are working smoke detectors in the areas where children are in care. | | |
| 7. My home is in good repair, clean and free of trash. | | |
| 8. I keep medicines and cleaning products away from food and I store them in places where children cannot reach them. | | |
| 9. If there are guns and ammunition on my property, I keep them unloaded, separated, and in a locked place. | | |
| 10. I have a first aid kit available. | | |
| 11. I have a working flashlight available. | | |
| 12. I wash my hands and the children's hands with soap before meals, after using the bathroom, and after diapering. | | |
| 13. I serve healthy meals and snacks to children. | | |
| 14. I make sure drinking water is available for the children. | | |
| 15. My home is not infested with insects or rodents. | | |
| 16. If there are dogs or cats on my property, they have up-to-date rabies shots. | | |
| 17. I make sure pets are kept away from areas where I prepare food. | | |
| 18. I have no uncovered wells on my property. | | |

Section III: Assistants and Other Adults in the Home

Name _____ Social Security Number _____

Address (if other than the provider) _____

Name _____ Social Security Number _____

Address (if other than the provider) _____

Section IV: TO BE SIGNED BY PROVIDER

I have discussed the following with the parent:

I am not required by state law or local ordinance to be regulated.

I am at least 18 years of age.

I understand that failure to meet the requirements for unregulated providers will mean the local agency cannot pay me to provide child care.

I agree that I, my assistant (if I have one), and other adults living in the household shall submit the results of a physical and/or mental health examination when requested by the agency if there is evidence of a problem.

I have a completed emergency medical release form permitting access to emergency care for each child receiving care paid by the local agency.

I have an up-to-date record of immunizations (shots) for each child receiving care paid by the local agency when care is provided outside the child's home.

I allow parents and agency staff to visit the day care setting at any time the child is in care.

I do not use physical punishment or any methods of discipline that embarrass children. I discuss with parents methods of discipline to be used.

All the information submitted above is true to the best of my knowledge. **I understand that if I provide false information I could be prosecuted for fraud.**

Name (Print) _____ Date _____

Signature _____ Social Security Number _____

Address _____

County/City _____ Phone Number _____

Rates Charged \$ _____ Per Week / Day / Hour (circle one)

Section V: TO BE SIGNED BY PARENT

I have discussed the following with the provider and the agency:

I have chosen to use an unregulated provider.

I understand I have the right to visit my child at any time while in day care.

I understand that Fraud is larceny. Fraud involving more than \$200 is a felony. The *Code of Virginia* (§63.2-522) deems any person who obtains assistance or benefits by means of a willful false statement, or who knowingly fails to notify of changes in circumstances that could affect eligibility for assistance as guilt of larceny. Upon conviction, the Code of Virginia authorizes punishment according to State law.

I have discussed with the provider the types of discipline to be used with my child and we agree that no physical punishment will be used.

I have discussed with the provider whether smoking is allowed in the provider's home. I am aware of the dangers to children of second hand smoke.

I do not agree with the responses given to the statement(s) in Sections I and II.

_____.

All the information submitted above is true to the best of my knowledge. **I understand that if I provide false information I could be prosecuted for fraud.**

Name (Print) _____

Signature _____ Date _____

Address _____

Phone Number (Home) _____ (Work) _____

| Local Agency Use Only: | |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| RECEIVED | PAYMENT FOR CARE |
| Health and Safety Checklist _____ | Date Payment Approved _____ |
| Criminal Records Check _____ | Date Payment Denied _____ |
| CPS Check _____ | |
| Tuberculosis Screening _____ | |
| Sworn Statement or Affirmation _____ | |
| Worker Signature _____ | |
| *Approval for payment in no way constitutes regulation of this provider. This document is not a license or certification. | |

HEALTH AND SAFETY CHECKLIST FOR UNREGULATED PROVIDERS

FORM NUMBER: 032-02-001/2 (10/02)

PURPOSE: To document health and safety requirements that providers must meet before receiving payment from the local agency.

USE: This form is to be filled out by the parent and provider jointly in the home where care is provided.

COPIES: When completed, the original is returned to the local agency. Upon approval of the care, the service worker sends a copy to the parent and a copy to the provider for their records.

INSTRUCTIONS FOR PREPARING FORM:

The parent and the child care provider shall fill out the form together in the home where care is provided. If the statement is true, the word "Yes" should be written in the column to the right of the statement. If the statement is false, the word "No" should be written. The provider shall send the completed form to the service worker in the local department of social services. After receiving all necessary clearances and the Health and Safety Checklist completed as requested, the worker shall send a copy of the completed/approved checklist to the parent and to the provider for their records.

Appendix F

Child Care Parent Responsibilities

Immunization

All children receiving services under the Child Care and Development Fund (CCDF) must be age-appropriately immunized, according to the current "Recommended Childhood Immunization Schedule, United States." **You may be required to provide your child care worker with** documentation of immunization, a physician's statement that the required immunizations may be detrimental to the child's health, or a statement of religious exemption (**on the CRE-1 form entitled "Certification of Religious Exemption"**), within 30 days of receiving child care that will be paid for with CCDF funds.

Fraud

Fraud is larceny. Fraud involving more than \$200 is a felony. The *Code of Virginia* (§63.2-522) deems any person who obtains assistance or benefits by means of a willful false statement, or who knowingly fails to notify of changes in circumstances that could affect eligibility for assistance as guilt of larceny. Upon conviction, the Code of Virginia authorizes punishment according to State law.

Reporting Changes

You must report all required changes to the local department of social services within 10 days after they occur. You are required to report the following changes:

1. Change in household income
2. Change in employer
3. Change in work hours
4. Change in education/training activity, including class days/hours and curriculum
5. Parent/caretaker begins receiving child support payments
6. Change in the number of household members
7. Change in marital status (this includes cohabitation)
8. A child receiving child care services reaches his/her 13th birthday
9. A child receiving full time child care requires less than full time care
- 10. Change of address**
- 11. Change of provider**

Repayment

In addition to any criminal punishment as set forth in the Code of Virginia, anyone who causes the Department of Social Services to make an improper vendor payment by withholding any of the above changes will be required to repay the amount of the improper payment. Repayment will be in either a lump sum or according to a written repayment plan between the responsible person and the local Department of Social Services.

By my signature below, I declare that I fully understand and agree to the above reporting requirements. If I give false, incorrect or incomplete information or do not report changes on time, I may be breaking the law and could be prosecuted for perjury, larceny or welfare fraud. I further understand that I must remove my child from child care if I stop going to the activity or work for which I am approved.

Applicant

Date

Worker

Date

CHILD CARE PARENT RESPONSIBILITIES FORM

Form Number: 032-02-420/3 (10/02)

- Purpose:** To inform customers of their responsibilities to cooperate with eligibility determination and to report all changes that might affect that eligibility. To assure that customers understand what constitutes welfare fraud and the consequences of fraud.
- Use:** The local agency service worker will review the information on this form with customers and sign and date the form along with the applicant/recipient.
- Copies/Disposition:** This is a duplicate form. One copy is given to the customer. One copy is retained in the record.

APPENDIX G COMMONWEALTH OF VIRGINIA DEPARTMENT OF SOCIAL SERVICES

| Childhood Immunization Certification Temporary Assistance for Needy Families (TANF) & Child Care Subsidy | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------|----------|
| Parents: Children need shots at about 2, 4, 6, 12-15 months of age, before kindergarten, and at 11-12 years of age. You must show that your child has the shots he/she needs or you could lose some of your TANF benefits/child day care subsidy. To avoid losing benefits/subsidy: | | | |
| <ul style="list-style-type: none">Take this form and shot records with you each time you take your child to the doctor or health department.Have your doctor or nurse sign below each time your child gets shots.Take this form with you each time you see your eligibility worker or child day care worker. | | | |
| CHILD'S NAME | SSN | DOB | CASE NO. |
| PARENT/GUARDIAN NAME | | | |
| Doctor/Providers: Children who receive TANF benefits and who are not in school or in licensed daycare are required to have certification that they are up-to-date for all recommended immunizations, that they are being brought up-to-date or that they are medically exempt. All children who receive a child day care subsidy are required to be age-appropriately immunized. Failure to document immunizations may result in the child losing a portion of his/her TANF benefits or child day care subsidy. | | | |
| Please complete one visit section of this form each time you screen immunization records for or immunize the child named above. | | | |
| 1. FIRST VISIT | | | |
| Please check the correct box. The above-named child is age appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child has received at least one dose of each of the vaccines to make him/her appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child is medically exempt from these Vaccines, as of the date of this visit. This contraindication is permanent <input type="checkbox"/> . This contraindication is temporary <input type="checkbox"/> .: Please name the vaccines: _____ | | Medical Provider Name: Address: Phone: Signature/Stamp: Visit Date: | |
| Month/Day/Year next Immunization Due: _____ | | | |
| 2. SECOND VISIT | | | |
| Please check the correct box. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> The above-named child is age appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child has received at least one dose of each of the vaccines to make him/her appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child is medically exempt from these vaccines, as of the date of this visit. This contraindication is permanent <input type="checkbox"/> . This contraindication is temporary <input type="checkbox"/> .: Please name the vaccines: _____ | | Medical Provider Name: Address: Phone: Signature/Stamp: Visit Date: | |
| Month/Day/Year next Immunization Due: _____ | | | |

Childhood Immunization Certification

| CHILD'S NAME | SSN | DOB | CASE NO. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------|----------|
| 3. THIRD VISIT | | | |
| Please check the correct box. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> The above-named child is age _____ appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child has received at least one dose of each of the vaccines to make him/her appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child is medically exempt from these vaccines, as of the date of this visit. This contraindication is permanent <input type="checkbox"/> . This contraindication is temporary <input type="checkbox"/> .: Please name the vaccines: _____ | | Medical Provider Name: _____ Address: _____ Phone: _____ Signature/Stamp: _____ Visit Date: _____ | |
| Month/Day/Year next Immunization Due: _____ | | | |
| 4. FOURTH VISIT | | | |
| Please check the correct box. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> The above-named child is age _____ appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child has received at least one dose of each of the vaccines to make him/her appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child is medically exempt from these vaccines, as of the date of this visit. This contraindication is permanent <input type="checkbox"/> . This contraindication is temporary <input type="checkbox"/> .: Please name the vaccines: _____ | | Medical Provider Name: _____ Address: _____ Phone: _____ Signature/Stamp: _____ Visit Date: _____ | |
| Month/Day/Year next Immunization Due: _____ | | | |
| 5. FIFTH VISIT | | | |
| Please check the correct box. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> The above-named child is age _____ appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child has received at least one dose of each of the vaccines to make him/her appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child is medically exempt from these vaccines, as of the date of this visit. This contraindication is permanent <input type="checkbox"/> . This contraindication is temporary <input type="checkbox"/> .: Please name the vaccines: _____ | | Medical Provider Name: _____ Address: _____ Phone: _____ Signature/Stamp: _____ Visit Date: _____ | |
| Month/Day/Year next Immunization Due: _____ | | | |
| 6. SIXTH VISIT | | | |
| Please check the correct box. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> The above-named child is age _____ appropriately immunized, as of the date of this visit. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> The child has received at least one dose of each of the vaccines to make him/her appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child is medically exempt from these vaccines, as of the date of this visit. This contraindication is permanent <input type="checkbox"/> . This contraindication is temporary <input type="checkbox"/> .: Please name the vaccines: _____ | | Medical Provider Name: _____ Address: _____ Phone: _____ Signature/Stamp: _____ Visit Date: _____ | |
| Month/Day/Year next Immunization Due: _____ | | | |

Appendix H

METROPOLITAN STATISTICAL AREA GROUPINGS

| FIPS | LOCALITY | INCOME CAP GROUP |
|------|---------------------|------------------|
| 001 | Accomack | I |
| 005 | Alleghany | I |
| 007 | Amelia | I |
| 009 | Amherst | I |
| 011 | Appomattox | I |
| 015 | Augusta | I |
| 017 | Bath | I |
| 019 | Bedford County/City | I |
| 021 | Bland | I |
| 023 | Botetourt | I |
| 520 | Bristol | I |
| 025 | Brunswick | I |
| 027 | Buchanan | I |
| 029 | Buckingham | I |
| 031 | Campbell | I |
| 033 | Caroline | I |
| 035 | Carroll | I |
| 037 | Charlotte | I |
| 580 | Covington | I |
| 045 | Craig | I |
| 049 | Cumberland | I |

| | | |
|-----|---------------------|---|
| 590 | Danville | I |
| 051 | Dickenson | I |
| 057 | Essex | I |
| 063 | Floyd | I |
| 067 | Franklin County | I |
| 620 | Franklin City | I |
| 069 | Frederick County | I |
| 640 | Galax | I |
| 071 | Giles | I |
| 077 | Grayson | I |
| 081 | Greensville/Emporia | I |
| 083 | Halifax | I |
| 660 | Harrisonburg | I |
| 089 | Henry | I |
| 091 | Highland | I |
| 097 | King & Queen | I |
| 101 | King William | I |
| 103 | Lancaster | I |
| 105 | Lee | I |
| 109 | Louisa | I |
| 111 | Lunenburg | I |
| 680 | Lynchburg | I |
| 113 | Madison | I |
| 690 | Martinsville | I |
| 117 | Mecklenburg | I |
| 119 | Middlesex | I |
| 121 | Montgomery | I |

| | | |
|-----|----------------|---|
| 125 | Nelson | I |
| 131 | Northampton | I |
| 133 | Northumberland | I |
| 720 | Norton | I |

| | | |
|-----|----------------------------------|---|
| 137 | Orange | I |
| 139 | Page | I |
| 141 | Patrick | I |
| 143 | Pittsylvania | I |
| 147 | Prince Edward | I |
| 155 | Pulaski | I |
| 750 | Radford | I |
| 157 | Rappahanock | I |
| 159 | Richmond County | I |
| 770 | Roanoke | I |
| 161 | Roanoke County | I |
| 163 | Rockbridge/Buena Vista/Lexington | I |
| 165 | Rockingham | I |
| 167 | Russell | I |
| 169 | Scott | I |
| 171 | Shenandoah | I |
| 173 | Smyth | I |
| 175 | Southampton | I |
| 790 | Staunton | I |
| 181 | Surry | I |
| 183 | Sussex | I |
| 185 | Tazewell | I |
| 191 | Washington | I |

| | | |
|-----|-------------------------------|----|
| 820 | Waynesboro | I |
| 193 | Westmoreland | I |
| 840 | Winchester | I |
| 195 | Wise | I |
| 197 | Wythe | I |
| 003 | Albemarle | II |
| 036 | Charles City | II |
| 540 | Charlottesville | II |
| 041 | Chesterfield/Colonial Heights | II |
| 550 | Chesapeake | II |
| 053 | Dinwiddie | II |
| 065 | Fluvanna | II |
| 073 | Gloucester | II |
| 075 | Goochland | II |
| 079 | Greene | II |
| 650 | Hampton | II |
| 085 | Hanover | II |
| 087 | Henrico | II |
| 670 | Hopewell | II |
| 093 | Isle of Wight | II |
| 095 | James City | II |
| 115 | Mathews | II |
| 127 | New Kent | II |
| 700 | Newport News | II |
| 710 | Norfolk | II |
| 730 | Petersburg | II |
| 740 | Portsmouth | II |

| | | |
|-----|---------------|----|
| 145 | Powhatan | II |
| 149 | Prince George | II |

| | | |
|-----|---------------------|-----|
| 760 | Richmond City | II |
| 800 | Suffolk | II |
| 810 | Virginia Beach | II |
| 830 | Williamsburg | II |
| 199 | York-Poquoson | II |
| 510 | Alexandria | III |
| 013 | Arlington | III |
| 043 | Clarke | III |
| 047 | Culpeper | III |
| 059 | Fairfax City/County | III |
| 061 | Fauquier | III |
| 630 | Fredericksburg | III |
| 099 | King George | III |
| 107 | Loudoun | III |
| 683 | Manassas City | III |
| 685 | Manassas Park | III |
| 153 | Prince William | III |
| 177 | Spotsylvania | III |
| 179 | Stafford | III |
| 187 | Warren | III |

APPENDIX I

**SWORN STATEMENT OR AFFIRMATION FOR UNREGULATED PROVIDERS
AND LOCAL AGENCY APPROVED PROVIDERS**

Please Print

Last Name First Middle Maiden Social Security Number

Current Mailing Address Street, P.O. Box #, Apt. # City State Zip Code

Name of Licensed/Registered Street, P.O. Box #, Apt. # City State Zip Code
Approved Facility/Provider

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth or equivalent offense outside the Commonwealth?

☐ Yes (convicted in Virginia) ☐ Yes (pending in Virginia) ☐ No

If yes or pending, specify crime(s): _____

☐ Yes (convicted outside Virginia) ☐ Yes (pending outside Virginia) ☐ No

If yes or pending, specify crime(s) and state, or other location: _____

2. Have you ever been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth?

☐ Yes (in Virginia) ☐ No (in Virginia)

☐ Yes (outside Virginia) ☐ No (outside Virginia)

If yes or pending, specify state, or other location: _____

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification.

Signature

032-02-094 (10/02)

Date

Explanation of Sworn Statement or Affirmation

Requirement: Sections 63.2-1704, 63.2-1720, 63.2-1721, 63.2-1722, 63.2-1724 and 63.2-1725 of the *Code of Virginia*(Code) require individuals to provide a sworn statement or affirmation to a licensing, approving or hiring authority, facility, or agency prior to licensure, registration, approval, employment, or provision of volunteer services. A sworn disclosure or affirmation is a statement completed by a person attesting to whether he has ever been: (i) convicted of or the subject of pending charges of any crime within the Commonwealth or equivalent offense outside the Commonwealth, or (ii) the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. Additionally for family day homes, the person affirms if he, or if he knows that any person who resides in the home, has a sex offense conviction or is the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. The statement or affirmation must be made available to the Department of Social Services' representative.

Who must comply: These individuals must provide sworn statements or affirmations:

- Applicant upon application for licensure or registration as a child welfare agency, and any subsequent person designated as applicant, licensee, or registrant;
- Agent at the time of application who is or will be involved in the day-to-day operation of the child welfare agency or who is or will be alone with, in control of, or supervising one or more of the children and any subsequent person designated as agent who will be involved in the day-to-day operation or will be alone with, in control of, or supervising one or more of the children;
- Any other adult living in the home of an applicant for licensure or registration or approval as a family day home, or any existing employee or volunteer, and subsequent employee or volunteer or other adult living in the home;
- Prospective foster or adoptive parent;
- Operator of family day home requesting approval by family day system;
- Person who signs the statement of intent to operate a religious exempt child day center;
- Any person who will be expected to be alone with one or more children enrolled in a religious exempt child day center; and
- Any employee or volunteer of a licensed, registered, or approved facility who is involved in the day-to-day operations or who is alone with, in control of, or supervising one or more children.

Note: Any other child day center or family day home that has not otherwise met these requirements, and applies to enter into a contract with a local department to provide child care services to clients of a local department, must also submit a sworn statement or affirmation.

Exception: A parent-volunteer is not required to provide a sworn statement or affirmation. A parent-volunteer is a person supervising, without pay, a group of children that includes the parent-volunteer's own child in a program that operates no more than four hours per day, provided that the parent-volunteer works under the direct supervision of a person who has received satisfactory background checks as provided for in the Code.

Any person making a materially false statement regarding any such offense is guilty of a Class 1 misdemeanor.

Further dissemination of the sworn statement information is prohibited other than to the Commissioner's representative or a federal or state authority or court in order to comply with an express requirement in the law for that dissemination.

Consequence: If a person required to submit a sworn statement or affirmation has been: (i) convicted of a barrier crime (specified below), or (ii) convicted of any other felony in the last five years, or (iii) the subject of a founded complaint of child abuse or neglect:

- Licensure, registration or approval of a child welfare agency is prohibited;
- Licensure, registration or approval will be revoked and renewal of a license or registration or religious exempt status will be denied;
- Religious exempt status will be revoked; and
- The child welfare agency will not be permitted to receive federal, state or local child care funds.

Exception: A child-placing agency may approve as an adoptive parent an applicant convicted of not more than one misdemeanor of assault and battery, as defined in §63.2-57 of the Code, not involving abuse, neglect or moral turpitude, provided ten years have elapsed following the conviction.

Barrier crime defined: “Barrier crime” means a conviction identified in the Code at §63.2-1719. The convictions, and Code references, are: murder or manslaughter as set out in Article 1 (§ 18.2-30 et seq.), malicious wounding by mob as set out in § 18.2-41, abduction as set out in subsection A of §18.2-47, abduction for immoral purposes as set out in § 18.2-48, assault and bodily wounding as set out in Article 4 (§ 18.2-51 et seq.), robbery as set out in § 18.2-58, carjacking as set out in § 18.2-58.1, threats of death or bodily injury as set out in § 18.2-60, felony stalking as set out in § 18.2-60.3, sexual assault as set out in Article 7 (§ 18.2-61 et seq.), arson as set out in Article 1 (§ 18.2-77 et seq.), burglary as set out in Article 2 (§ 18.2-89 et seq.), any felony violation relating to possession or distribution of drugs as set out in Article 1 (§ 18.2-247 et seq.), drive by shooting as set out in § 18.2-286.1, use of a machine gun in a crime of violence as set out in § 18.2-289, aggressive use of a machine gun as set out in § 18.2-290, use of a sawed-off shotgun in a crime of violence as set out in subsection A of § 18.2-300, pandering as set out in § 18.2-355, crimes against nature involving children as set out in § 18.2-361, incest as set out in § 18.2-366, taking indecent liberties with children as set out in § 18.2-370 or § 18.2-370.1, abuse and neglect of children as set out in § 18.2-371.1, failure to secure medical attention for an injured child as set out in § 18.2-314, obscenity offenses as set out in § 18.2-374.1, possession of child pornography as set out in § 18.2-374.1:1, electronic facilitation of pornography as set out in § 18.2-374.3, abuse and neglect of incapacitated adults as set out in § 18.2-369, employing or permitting a minor to assist in an act constituting an offense under Article 5 (§ 18.2-372 et seq.) as set out in § 18.2-379, delivery of drugs to prisoners as set out in § 18.2-474.1, escape from jail as set out in § 18.2-477, felonies by prisoners as set out in § 53.1-203; or an equivalent offense in another state.

Sex offense defined: “Sex offense felony for family day homes” means conviction of a felony in violation of §§ 18.2-48, 18.2-61, 18.2-63, 18.2-64.1, 18.2-67.1, 18.2-67.2, 18.2-67.3, 18.2-67.5, 18.2-355, 18.2-361, 18.2-366, 18.2-369, 18.2-370, 18.2-370.1, 18.2-371.1 or § 18.2-374.1, that prohibits a sex offender or child abuser from residing in a family day home. The description of the Code sections are abduction; actual or attempted rape; carnal knowledge of a child between thirteen and fifteen years of age; carnal knowledge of a juvenile under the purview of the Juvenile and Domestic Relations District Court, or juvenile committed to the custody of the State Department of Juvenile Justice; actual or attempted forcible sodomy or object sexual penetration; aggravated sexual battery; attempted sexual battery; taking or detaining a person or consenting to the taking of a person for prostitution or unlawful sexual intercourse; crimes against nature; incest; abuse and neglect of incapacitated adults; taking indecent liberties with children; abuse and neglect of children; indecent liberties by a person in a custodial or supervisory relationship; and production, publication, sale, possession with intent to distribute, financing, etc. of sexually explicit items.

Appendix J

Child Care Barrier Crimes

Code citations include felony and misdemeanor convictions. These misdemeanor convictions are barriers, unless the code specifically states “only felony violations.” The *Code of Virginia* §63.1-198.1 specifies “only felony violations” for §18.2-60.3, stalking and Chapter 7, Article 1-Drugs.

TITLE 18.2- CRIMES AND OFFENSES GENERALLY

CHAPTER FOUR – CRIMES AGAINST THE PERSON

ARTICLE ONE – HOMICIDE (§18.2-30 et seq. This includes §18.2-30 - §18.2-37):

| | |
|----------------------------------|-----------|
| Murder and manslaughter | 18.2-30 |
| Capital murder | 18.2-31 |
| First and second degree murder | 18.2-32 |
| Murder of a pregnant woman | 18.2-32.1 |
| Felony homicide | 18.2-33 |
| C. <u>Voluntary manslaughter</u> | 18.2-35 |
| Involuntary manslaughter | 18.2-36.1 |
| Death outside the Commonwealth | 18.2-37 |

ARTICLE TWO – CRIMES BY MOB

| | |
|-----------------------------------------------------------------|---------|
| Shooting, stabbing, etc. with intent to maim, kill, etc. by mob | 18.2-41 |
|-----------------------------------------------------------------|---------|

ARTICLE THREE – KIDNAPPING

| | |
|---------------------------------------------------------------|-----------|
| Abduction and kidnapping | 18.2-47 A |
| Abduction with intent to extort money or for immoral purposes | 18.2-48 |

ARTICLE FOUR – ASSAULT & BODILY WOUNDING (§18.2-51 et seq. This includes §18.2-51 - §18.2-57.2):

| | |
|------------------------------------------------------------------------------------------------|---------------------------------|
| Shooting, stabbing, etc. with intent to maim, kill, etc. | 18.2-51 |
| Malicious bodily injury to law enforcement officers or firefighters | 18.2-51.1 |
| Aggravated malicious wounding | 18.2-51.2 |
| Prohibition against reckless endangerment throwing objects | 19.2-51.3 |
| Maiming of another resulting from driving intoxicated | 18.2-51.4 |
| Malicious bodily injury by means of caustic substance or agent or use of any explosive or fire | 18.2-52 |
| Possession of infectious biological substances | 18.2-52.1 |
| Shooting, etc, in committing or attempting to commit a felony | 18.2-53 |
| Use or display of firearm in committing felony | 18.2-53.1 Conviction of assault |
| and battery, as a lesser offense | 18.2-54 |
| Attempts to poison | 18.2-54.1 |
| Adulteration of food, drink, drugs, cosmetics, etc. | 18.2-54.2 |

| | |
|----------------------------------------------------------------|------------|
| Bodily injuries caused by prisoners, probationers or parolees | 18.2-55 |
| Hazing unlawful, civil and criminal liability | 18.2-56 |
| Reckless handling of firearms; reckless handling while hunting | 18.2-56.1 |
| Allowing access to firearms by children | 18.2-56.2 |
| Assault and battery (simple assault or assault and battery) | 18.2-57 |
| Pointing laser at law enforcement | 18.2-57.01 |
| Disarming a law enforcement or correctional officer | 18.2-57.02 |
| Assault and battery against a family or household member | 18.2-57.2 |

ARTICLE FIVE – ROBBERY

| | |
|------------------------|-----------|
| (Robbery) How punished | 18.2-58 |
| Carjacking | 18.2-58.1 |

ARTICLE SIX – EXTORTION AND OTHER THREATS

| | |
|--------------------------------------|-----------|
| Threats of death or bodily injury | 18.2-60 |
| Stalking (Only “FELONY “ violations) | 18.2-60.3 |

ARTICLE SEVEN – CRIMINAL SEXUAL ASSAULT (§18.2-61 et seq. This is §18.2-61 - §18.2-67.10):

| | |
|------------------------------------------------------------------------------------------------------------|-----------------------------|
| Rape | 18.2-61 |
| Carnal knowledge of child between 13 and 15 years of age | 18.2-63 |
| Death of victim | 18.2-63.1 |
| Carnal knowledge of certain minors | 18.2-64.1 |
| Carnal knowledge of an inmate, parolee, probationer, detainee, or pretrial or post-trial offender criminal | 18.2-64.2 |
| Marriage to child over fourteen | 18.2-66 |
| Depositions of complaining witnesses | 18.2-67 |
| Object sexual penetration | 18.2-67.2 |
| Marital sexual assault | 18.2-67.2:1 |
| Aggravated sexual battery | 18.2-67.3 |
| Sexual battery or attempted sexual battery | 18.2-67.4 |
| Infected sexual battery | 18.2-67.4:1 Attempted rape, |
| forcible sodomy, object sexual penetration, aggravated sexual battery, and sexual battery | 18.2-67.5 |

CHAPTER FIVE – CRIMES AGAINST PROPERTY

ARTICLE ONE – ARSON AND RELATED CRIMES (§18.2-77 et seq. This is §18.2-77 - §18.2-88):

| | |
|--------------------------------------------------------------|---------|
| Burning or destroying dwelling house, etc. | 18.2-77 |
| What not deemed dwelling house | 18.2-78 |
| Burning or destroying meeting house | 18.2-79 |
| Burning or destroying any other building or structure | 18.2-80 |
| Burning or destroying personal property, standing grain, etc | 18.2-81 |

| | |
|------------------------------------------------------------------------------------------------------------------------|-----------|
| Burning building or structure while in such building or structure with intent to commit felony | 18.2-82 |
| Threats to bomb or damage buildings or means of transportation; false information as to danger to such buildings, etc. | 18.2-83 |
| Causing, inciting, etc., commission of act proscribed by §18.2-83 | 18.2-84 |
| Manufacture, possession, use, etc., of fire bombs or explosive materials or devices | 18.2-85 |
| Setting fire to woods, fences, grass, etc. | 18.2-86 |
| Setting woods, etc., on fire intentionally whereby another is damaged or jeopardized | 18.2-87 |
| Setting off chemical bombs capable of producing smoke in certain public building | 18.2-87.1 |
| Carelessly damaging property by fire | 18.2-88 |

ARTICLE TWO –BURGLARY AND RELATED OFFENSES (§18.2-89 et seq. This is §18.2-89 - §18.2-94):

| | |
|--------------------------------------------------------------------------------------------------|---------|
| Burglary | 18.2-89 |
| Entering dwelling house, etc. with intent to commit murder, rape, robbery or arson | 18.2-90 |
| Entering dwelling house, etc. with intent to commit larceny, assault and battery or other felony | 18.2-91 |
| Breaking and entering dwelling with intent to commit other misdemeanor | 18.2-92 |
| Entering bank, armed, with intent to commit larceny | 18.2-93 |
| Possession of burglarious tools, etc. | 18.2-94 |

CHAPTER SEVEN – CRIMES INVOLVING HEALTH AND SAFETY

ARTICLE ONE – DRUGS (§18.2-247 et seq. This is 18.2-247 – 265):
(Only “FELONY” violations in Article One)

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Use of terms “controlled substances,” “marijuana,” “Schedules I, II, III, IV, V and VI” and “imitation controlled substance” | 18.2-247 |
| Manufacturing, selling, giving, distributing or possessing with intent to manufacture, sell, give or distribute a controlled substance or an imitation controlled substance prohibited; penalties | 18.2-248 |
| Transporting controlled substances into the Commonwealth | 18.2-248.01 |
| Penalties for sale, gift, distribution or possession with intent to sell, give or distribute marijuana. | 18.2-248.1 |
| Professional use of imitation controlled substances | 18.2-248.3 |
| Prohibiting advertisement of imitation controlled substances | 18.2-248.4 |
| Illegal stimulants and steroids; penalty | 18.2-248.5 |
| Money laundering; penalty | 18.2-248.7 |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Seizure of property | 18.2-249 |
| Possession of controlled substances unlawful | 18.2-250 |
| Persons charged with first offense | 18.2-251 |
| Substance abuse screening and assessment for felony convictions | 18.2-251.01 |
| Drug Offender Assessment Fund | 18.2-251.02 |
| Possession or distribution of marijuana for medical purposes permitted | 18.2-251.1 |
| Possession and distribution of flunitrazepam | 18.2-251.2 |
| Penalty for possession and distribution of gamma-butyrolactone or 1,4-butanediol | 18.2-251.3 |
| Penalty for defeating drug and alcohol screening tests | 18.2-251.4 |
| Suspended sentence conditioned on submission to periodic Medial examinations and tests | 18.2-252 |
| Disposal of seized substances | 18.2-253 |
| Destruction of seized substances prior to trial | 18.2-253.1 |
| Maintenance of custody of controlled substances | 18.2-253.2 |
| Commitment of convicted person to treatment for drug or alcohol abuse | 18.2-254 |
| Distribution of certain drugs to persons under 18 prohibited | 18.2-255 |
| Distribution, sale or display of printed material advertising instruments used in administering marijuana or controlled substances to minors | 18.2-255.1 |
| Prohibiting the sale of drugs on or near certain properties | 18.2-255.2 |
| Conspiracy to commit any offense in this article | 18.2-256 |
| Attempts to commit any offense defined in this article | 18.2-257 |
| Certain premises deemed common nuisance | 18.2-258 |
| Enjoining nuisances involving illegal drug transactions | 18.2-258.01 |
| Maintaining a fortified drug house; penalty | 18.2-258.02 |
| Obtaining drugs, procuring administration of controlled substances, etc., by fraud, deceit or forgery | 18.2-258.1 |
| Penalties to be in addition to civil or administrative sanctions | 18.2-259 |
| Forfeiture of driver's license for violations of article | 18.2-259.1 |
| Prescribing, dispensing, etc., drug except as authorized in article and Drug Control Act | 18.2-260 |
| Monetary penalty | 18.2-261 |
| Witnesses not excused from testifying or producing evidence | 18.2-262 |
| Exemptions | 18.2-263 |
| Inhaling drugs or other noxious chemical substance or causing, etc. others to do so | 18.2-264 |
| Charges for forensic laboratory analysis | 18.2-264.01 |

ARTICLE FOUR-DANGEROUS USE OF FIREARMS OR OTHER WEAPONS

| | |
|--------------------------------------------------|------------|
| Shooting from vehicles so as to endanger persons | 18.2-286.1 |
|--------------------------------------------------|------------|

ARTICLE FIVE- UNIFORM MACHINE GUN ACT

| | |
|-------------------------------------------|----------|
| Use of machine gun in crime of violence | 18.2-289 |
| Use of machine gun for aggressive purpose | 18.2-290 |

ARTICLE SIX – “SAWED-OFF SHOTGUN” AND “SAWED-OFF RIFLE ACT”

| | |
|------------------------------------------------------------------------|------------|
| Possession or use of “sawed-off” shotgun or rifle in crime of violence | 18.2-300 A |
|------------------------------------------------------------------------|------------|

ARTICLE EIGHT- MISCELLANEOUS DANGEROUS CONDUCT

| | |
|-------------------------------------------------------|----------|
| Failing to secure medical attention for injured child | 18.2-314 |
|-------------------------------------------------------|----------|

CHAPTER EIGHT – CRIMES MORALS AND DECENCY

ARTICLE THREE – SEXUAL OFFENSES AND PROSTITUTION

| | |
|-----------------------------------------------------------------------------|----------|
| Taking, detaining, etc. person for prostitution, etc. or consenting thereto | 18.2-355 |
| Crimes against nature (only if children are involved) | 18.2-361 |

ARTICLE FOUR – FAMILY OFFENSES; CRIMES AGAINST CHILDREN, ETC.

| | |
|--------------------------------------------------------------------------------------------|------------|
| Adultery and fornication by persons forbidden to marry; incest | 18.2-366 |
| Abuse and neglect of incapacitated adults | 18.2-369 |
| Taking indecent liberties with children | 18.2-370 |
| Taking indecent liberties with child by person in custodial or Supervisory relationship | 18.2-370.1 |
| Abuse and neglect of children | 18.2-371.1 |

ARTICLE 5 – OBSCENITY AND RELATED OFFENSES

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Production, publication, sale, possession with intent to distribute, financing, etc., of sexually explicit items involving children; presumption as to age; severability | 18.2-374.1 |
| Possession of child pornography | 18.2-374.1:1 |
| Use of communications systems to facilitate certain offenses involving children | 18.2-374.3 |
| Employing or permitting a minor to assist in offense under this article | 18.2-379 |

A conviction of the below offenses is only a barrier if a minor is employed or permitted to assist in the offense (§ 18.2-372 et seq. This is 18.2-372 – 389):

| | |
|--------------------------|----------|
| “Obscene” defined. | 18.2-372 |
| Obscene items enumerated | 18.2-373 |

| | |
|------------------------------------------------------------------------------------------------------------------------|------------|
| Production, publication, sale, possession, etc., of obscene items. | 18.2-374 |
| Seizure and forfeiture of property used in connection with production of sexually explicit items involving children | 18.2-374.2 |
| Obscene exhibitions and performances | 18.2-375 |

| | |
|---------------------------------------------------------------------------------------------------------------------|------------|
| Advertising, etc., obscene items, exhibitions or performances | 18.2-376 |
| Placards, posters, bills, etc. | 18.2-377 |
| Coercing acceptance of obscene articles or publications | 18.2-378 |
| (This citation is in Article 5 list above) | 18.2-379 |
| Punishment for first offense | 18.2-380 |
| Punishment for subsequent offenses; additional penalty for owner | 18.2-381 |
| Photographs, slides and motion pictures | 18.2-382 |
| Exceptions to application of article | 18.2-383 |
| Proceeding against book alleged to be obscene | 18.2-384 |
| Section 18.2-384 applicable to motion picture films. | 18.2-385 |
| Showing previews of certain motion pictures. | 18.2-386 |
| Unlawful filming, videotaping or photographing of another; penalty. | 18.2-386.1 |
| Indecent exposure. | 18.2-387 |
| Profane swearing and intoxication in public; penalty; transportation of public inebriates to detoxification center. | 18.2-388 |
| Adoption of ordinances prohibiting obscenity. | 18.2-389 |

CHAPTER TEN CRIMES AGAINST THE ADMINISTRATION OF JUSTICE

ARTICLE SEVEN – ESCAPE OF, COMMUNICATIONS WITH AND DELIVERIES TO PRISONERS

| | |
|------------------------------------------------------------|------------|
| Delivery of drugs, firearms, explosives, etc. to prisoners | 18.2-474.1 |
| Prisoner escaping from jail | 18.2-477 |

TITLE 53.1 – PRISONS AND OTHER METHODS OF CORRECTION

CHAPTER 7 – CRIMES AND CRIMINAL PROCEEDINGS INVOLVING PRISONERS

ARTICLE ONE-CRIMES BY PRISONERS

| | |
|-----------------------|----------|
| Felonies by Prisoners | 53.1-203 |
|-----------------------|----------|

Below are additional disqualifying conditions:

- Also included, as a barrier crime is any other felony, for which a person has been convicted in the five years prior to the application date for employment, volunteer service, approval, registration or licensure.
- All convictions include prior adult convictions, juvenile convictions and adjudications of juvenile delinquency, if the offenses involved would have been barrier crimes had the offender been an adult at the time of the offense.
- Barrier crimes include convictions in other states that are equivalent to those specified.

- A person is disqualified if the person has been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth.
- It is unlawful for any person to operate a family day home when the operator or a person who resides in the home is a sex offender.

Below is wording of §63.2-1727.

§63.2-1727. Sex offender or child abuser prohibited from operating or residing in family day home.

It shall be unlawful for any person to operate a family day home if he, or if he knows that any other person who resides in the home, has been convicted of a felony in violation of §§ 18.2-48, 18.2-61, 18.2-63, 18.2-64.1, 18.2-67.1, 18.2-67.2, 18.2-67.3, 18.2-67.5, 18.2-355, 18.2-361, 18.2-366, 18.2-369, 18.2-370, 18.2-370.1, 18.2-371.1, or 18.2-374.1, or is the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. A violation of this section shall be punishable as a Class 1 misdemeanor.

APPENDIX K
TIER 1 MAXIMUM REIMBURSABLE RATES

ABINGDON AREA – TIER 1

CENTER WEEKLY RATE

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre-School Full Time | School Age Full Time | Before School | After School | Before & After School |
|-----------------|------|---------------------|----------------------|-------------------------|-------------------------|------------------|-----------------|-----------------------------|
| Bland | 021 | 77 | 76 | 69 | 73 | 25 | 33 | 47 |
| Bristol | 520 | 92 | 92 | 78 | 73 | 40 | 43 | 46 |
| Buchanan | 027 | 77 | 76 | 69 | 73 | 25 | 33 | 47 |
| Carroll | 035 | 66 | 66 | 60 | 60 | 25 | 48 | 63 |
| Dickenson | 051 | 77 | 76 | 69 | 73 | 25 | 33 | 47 |
| Floyd | 063 | 99 | 90 | 68 | 68 | 25 | 37 | 40 |
| Galax | 640 | 73 | 73 | 63 | 63 | 25 | 25 | 29 |
| Giles | 071 | 80 | 77 | 74 | 72 | 35 | 35 | 40 |
| Grayson | 077 | 77 | 76 | 65 | 65 | 16 | 32 | 45 |
| Lee | 105 | 76 | 75 | 75 | 75 | 30 | 30 | 60 |
| Montgomery | 121 | 105 | 103 | 90 | 80 | 35 | 42 | 53 |
| Pulaski | 155 | 97 | 90 | 73 | 65 | 38 | 38 | 46 |
| Radford | 750 | 100 | 92 | 73 | 70 | 22 | 37 | 45 |
| Russell | 167 | 66 | 66 | 62 | 62 | 20 | 20 | 36 |
| Scott | 169 | 69 | 68 | 65 | 68 | 18 | 39 | 45 |
| Smyth | 173 | 77 | 63 | 59 | 59 | 15 | 30 | 35 |
| Tazewell | 185 | 71 | 69 | 61 | 70 | 13 | 25 | 35 |
| Washington | 191 | 81 | 90 | 74 | 71 | 29 | 28 | 37 |
| Wise/ Norton | 195 | 78 | 78 | 65 | 65 | 19 | 35 | 54 |
| Wythe | 197 | 85 | 77 | 65 | 65 | 25 | 37 | 48 |

ABINGDON AREA – TIER 1
CENTER DAILY/HOURLY RATE

| Locality | FIPS | Infant Daily | Toddler Daily | Pre- School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre- School Hourly | School Age Hourly |
|--------------|------|-----------------|------------------|-------------------------|------------------------|------------------|-------------------|--------------------------|-------------------------|
| Bland | 021 | 21 | 21 | 19 | 20 | 3.50 | 3.50 | 3.17 | 3.34 |
| Bristol | 520 | 25 | 25 | 21 | 20 | 4.17 | 4.17 | 3.50 | 3.34 |
| Buchanan | 027 | 21 | 21 | 19 | 20 | 3.50 | 3.50 | 3.17 | 3.34 |
| Carroll | 035 | 18 | 18 | 16 | 16 | 3.00 | 3.00 | 2.67 | 2.67 |
| Dickenson | 051 | 21 | 21 | 19 | 20 | 3.50 | 3.50 | 3.17 | 3.34 |
| Floyd | 063 | 27 | 24 | 18 | 18 | 4.50 | 4.00 | 3.00 | 3.00 |
| Galax | 640 | 20 | 20 | 17 | 17 | 3.34 | 3.34 | 2.84 | 2.84 |
| Giles | 071 | 22 | 21 | 20 | 19 | 3.67 | 3.50 | 3.34 | 3.17 |
| Grayson | 077 | 21 | 21 | 18 | 18 | 3.50 | 3.50 | 3.00 | 3.00 |
| Lee | 105 | 21 | 20 | 20 | 20 | 3.50 | 3.34 | 3.34 | 3.34 |
| Montgomery | 121 | 28 | 28 | 24 | 22 | 4.67 | 4.67 | 4.00 | 3.67 |
| Pulaski | 155 | 26 | 24 | 20 | 18 | 4.34 | 4.00 | 3.34 | 3.00 |
| Radford | 750 | 27 | 25 | 20 | 19 | 4.50 | 4.17 | 3.34 | 3.17 |
| Russell | 167 | 18 | 18 | 17 | 17 | 3.00 | 3.00 | 2.84 | 2.84 |
| Scott | 169 | 19 | 18 | 18 | 18 | 3.17 | 3.00 | 3.00 | 3.00 |
| Smyth | 173 | 21 | 17 | 16 | 16 | 3.50 | 2.84 | 2.67 | 2.67 |
| Tazewell | 185 | 19 | 19 | 16 | 19 | 3.17 | 3.17 | 2.67 | 3.17 |
| Washington | 191 | 22 | 24 | 20 | 19 | 3.67 | 4.00 | 3.34 | 3.17 |
| Wise/ Norton | 195 | 21 | 21 | 18 | 18 | 3.50 | 3.50 | 3.00 | 3.00 |
| Wythe | 197 | 23 | 21 | 18 | 18 | 3.84 | 3.50 | 3.00 | 3.00 |

HENRICO AREA – TIER 1

CENTER WEEKLY RATES

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre-School Full Time | School Age Full Time | Before School | After School | Before & After School |
|---------------------------------|------|------------------|-------------------|----------------------|----------------------|---------------|--------------|-----------------------|
| Amelia | 007 | 81 | 78 | 65 | 65 | 16 | 35 | 43 |
| Brunswick | 025 | 65 | 65 | 50 | 50 | 16 | 30 | 35 |
| Caroline | 033 | 126 | 125 | 74 | 74 | 21 | 30 | 49 |
| Charles City | 036 | 100 | 95 | 80 | 83 | 35 | 40 | 50 |
| Chesterfield/ Colonial Hghts | 041 | 138 | 133 | 112 | 107 | 48 | 59 | 70 |
| Cumberland | 049 | 81 | 77 | 60 | 60 | 12 | 29 | 42 |
| Dinwiddie | 053 | 103 | 103 | 75 | 74 | 31 | 40 | 49 |
| Essex | 057 | 90 | 87 | 79 | 76 | 15 | 31 | 38 |
| Gloucester | 073 | 96 | 101 | 83 | 87 | 36 | 36 | 47 |
| Goochland | 075 | 124 | 116 | 95 | 92 | 38 | 48 | 60 |
| Greensville/ Emporia | 081 | 103 | 103 | 62 | 62 | 52 | 37 | 52 |
| Hanover | 085 | 135 | 125 | 97 | 95 | 45 | 55 | 64 |
| Henrico | 087 | 154 | 137 | 115 | 102 | 56 | 64 | 73 |
| Hopewell | 670 | 100 | 100 | 78 | 75 | 32 | 40 | 52 |
| King & Queen | 097 | 103 | 103 | 75 | 80 | 36 | 40 | 54 |
| King George | 099 | 125 | 120 | 85 | 80 | 35 | 43 | 86 |
| King William | 101 | 100 | 100 | 85 | 80 | 15 | 38 | 43 |
| Lancaster | 103 | 103 | 103 | 84 | 83 | 36 | 37 | 54 |
| Mathews | 115 | 83 | 75 | 73 | 60 | 30 | 38 | 49 |
| Middlesex | 119 | 103 | 95 | 93 | 93 | 36 | 45 | 56 |
| New Kent | 127 | 105 | 103 | 87 | 84 | 36 | 32 | 56 |
| Northumberland | 133 | 103 | 103 | 79 | 83 | 26 | 35 | 49 |
| Nottoway | 135 | 81 | 77 | 72 | 65 | 16 | 30 | 42 |
| Petersburg | 730 | 86 | 95 | 82 | 75 | 34 | 44 | 59 |
| Powhatan | 145 | 115 | 105 | 88 | 84 | 44 | 47 | 56 |
| Prince George | 149 | 112 | 99 | 92 | 83 | 32 | 30 | 50 |
| Richmond | 760 | 130 | 129 | 98 | 93 | 48 | 55 | 60 |
| Richmond Co. | 159 | 103 | 103 | 84 | 83 | 36 | 40 | 54 |
| Surry | 181 | 103 | 105 | 86 | 80 | 36 | 40 | 56 |
| Sussex | 183 | 103 | 103 | 58 | 58 | 28 | 28 | 38 |
| Westmoreland | 193 | 116 | 109 | 86 | 85 | 41 | 35 | 49 |

HENRICO AREA – TIER 1

CENTER DAILY/HOURLY RATE

| Locality | FIPS | Infant Daily | Toddler Daily | Pre- School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre- School Hourly | School Age Hourly |
|---------------------------------|------|-----------------|------------------|-------------------------|------------------------|------------------|-------------------|--------------------------|-------------------------|
| Amelia | 007 | 22 | 21 | 18 | 18 | 3.67 | 3.50 | 3.00 | 3.00 |
| Brunswick | 025 | 18 | 18 | 14 | 14 | 3.00 | 3.00 | 2.34 | 2.34 |
| Caroline | 033 | 34 | 34 | 20 | 20 | 5.67 | 5.67 | 3.34 | 3.34 |
| Charles City | 036 | 27 | 26 | 22 | 22 | 4.50 | 4.34 | 3.67 | 3.67 |
| Chesterfield/ Colonial Hghts | 041 | 37 | 36 | 30 | 29 | 6.17 | 6.00 | 5.00 | 4.84 |
| Cumberland | 049 | 22 | 21 | 16 | 16 | 3.67 | 3.50 | 2.67 | 2.67 |
| Dinwiddie | 053 | 28 | 28 | 20 | 20 | 4.67 | 4.67 | 3.34 | 3.34 |
| Essex | 057 | 24 | 23 | 21 | 21 | 4.00 | 3.84 | 3.50 | 3.50 |
| Gloucester | 073 | 26 | 27 | 22 | 23 | 4.34 | 4.50 | 3.67 | 3.84 |
| Goochland | 075 | 33 | 31 | 26 | 25 | 5.50 | 5.17 | 4.34 | 4.17 |
| Greensville/ Emporia | 081 | 28 | 28 | 17 | 17 | 4.67 | 4.67 | 2.84 | 2.84 |
| Hanover | 085 | 36 | 34 | 26 | 26 | 6.00 | 5.67 | 4.34 | 4.34 |
| Henrico | 087 | 42 | 37 | 31 | 28 | 7.00 | 6.17 | 5.17 | 4.67 |
| Hopewell | 670 | 27 | 27 | 21 | 20 | 4.50 | 4.50 | 3.50 | 3.34 |
| King & Queen | 097 | 28 | 28 | 20 | 22 | 4.67 | 4.67 | 3.34 | 3.67 |
| King George | 099 | 34 | 32 | 23 | 22 | 5.67 | 5.34 | 3.84 | 3.67 |
| King William | 101 | 27 | 27 | 23 | 22 | 4.50 | 4.50 | 3.84 | 3.67 |
| Lancaster | 103 | 28 | 28 | 23 | 22 | 4.67 | 4.67 | 3.84 | 3.67 |
| Mathews | 115 | 22 | 20 | 20 | 16 | 3.67 | 3.34 | 3.34 | 2.67 |
| Middlesex | 119 | 28 | 26 | 25 | 25 | 4.67 | 4.34 | 4.17 | 4.17 |
| New Kent | 127 | 28 | 28 | 23 | 23 | 4.67 | 4.67 | 3.84 | 3.84 |
| Northumberland | 133 | 28 | 28 | 21 | 22 | 4.67 | 4.67 | 3.50 | 3.67 |
| Nottoway | 135 | 22 | 21 | 19 | 18 | 3.67 | 3.50 | 3.17 | 3.00 |
| Petersburg | 730 | 23 | 26 | 22 | 20 | 3.84 | 4.34 | 3.67 | 3.34 |
| Powhatan | 145 | 31 | 28 | 24 | 23 | 5.17 | 4.67 | 4.00 | 3.84 |
| Prince George | 149 | 30 | 27 | 25 | 22 | 5.00 | 4.50 | 4.17 | 3.67 |
| Richmond | 760 | 35 | 35 | 26 | 25 | 5.84 | 5.84 | 4.34 | 4.17 |
| Richmond Co. | 159 | 28 | 28 | 23 | 22 | 4.67 | 4.67 | 3.84 | 3.67 |
| Surry | 181 | 28 | 28 | 23 | 22 | 4.67 | 4.67 | 3.84 | 3.67 |
| Sussex | 183 | 28 | 28 | 16 | 16 | 4.67 | 4.67 | 2.67 | 2.67 |
| Westmoreland | 193 | 31 | 29 | 23 | 23 | 5.17 | 4.84 | 3.84 | 3.84 |

PIEDMONT AREA – TIER 1

CENTER WEEKLY RATE

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre-School Full Time | School Age Full Time | Before School | After School | Before & After School |
|------------------------------------------|------|---------------------|----------------------|-------------------------|-------------------------|------------------|-----------------|-----------------------------|
| Alleghany/ Covington | 005 | 104 | 90 | 87 | 81 | 15 | 41 | 54 |
| Amherst | 009 | 82 | 82 | 60 | 60 | 20 | 33 | 40 |
| Appomattox | 011 | 81 | 68 | 59 | 61 | 15 | 20 | 33 |
| Bath | 017 | 107 | 98 | 76 | 63 | 25 | 25 | 45 |
| Bedford Co./ City | 019 | 95 | 95 | 70 | 68 | 18 | 27 | 35 |
| Botetourt | 023 | 103 | 100 | 75 | 70 | 27 | 39 | 44 |
| Buckingham | 029 | 81 | 77 | 64 | 65 | 16 | 30 | 42 |
| Campbell | 031 | 81 | 64 | 64 | 63 | 15 | 25 | 35 |
| Charlotte | 037 | 81 | 77 | 64 | 65 | 16 | 30 | 42 |
| Craig | 045 | 89 | 70 | 70 | 70 | 25 | 35 | 45 |
| Danville | 590 | 99 | 90 | 64 | 65 | 25 | 30 | 40 |
| Franklin Co. | 067 | 108 | 82 | 68 | 60 | 20 | 28 | 35 |
| Halifax/ South Boston | 083 | 81 | 77 | 64 | 65 | 30 | 25 | 40 |
| Henry/ Martinsville | 089 | 99 | 90 | 65 | 60 | 30 | 37 | 59 |
| Lunenburg | 111 | 81 | 77 | 64 | 65 | 16 | 30 | 35 |
| Lynchburg | 680 | 87 | 85 | 69 | 64 | 25 | 33 | 45 |
| Mecklenburg | 117 | 77 | 77 | 67 | 62 | 28 | 35 | 33 |
| Nelson | 125 | 107 | 85 | 73 | 83 | 25 | 30 | 63 |
| Patrick | 141 | 75 | 65 | 65 | 65 | 14 | 14 | 28 |
| Pittsylvania | 143 | 68 | 70 | 65 | 65 | 23 | 37 | 43 |
| Prince Edward | 147 | 87 | 79 | 80 | 76 | 13 | 29 | 40 |
| Roanoke | 770 | 125 | 113 | 87 | 85 | 30 | 42 | 51 |
| Roanoke Co. | 161 | 141 | 142 | 107 | 100 | 48 | 57 | 75 |
| Rockbridge/ Buena Vista/ Lexington | 163 | 107 | 93 | 94 | 75 | 20 | 28 | 43 |

PIEDMONT AREA – TIER 1
CENTER DAILY/HOURLY RATE

| Locality | FIP S | Infant Daily | Toddler Daily | Pre-School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre-School Hourly | School Age Hourly |
|------------------------------------|-------|--------------|---------------|------------------|------------------|---------------|----------------|-------------------|-------------------|
| Alleghany/ Covington | 005 | 28 | 24 | 23 | 22 | 4.67 | 4.00 | 3.84 | 3.67 |
| Amherst | 009 | 22 | 22 | 16 | 16 | 3.67 | 3.67 | 2.67 | 2.67 |
| Appomattox | 011 | 22 | 18 | 16 | 16 | 3.67 | 3.00 | 2.67 | 2.67 |
| Bath | 017 | 29 | 26 | 21 | 17 | 4.84 | 4.34 | 3.50 | 2.84 |
| Bedford Co./ City | 019 | 26 | 26 | 19 | 18 | 4.34 | 4.34 | 3.17 | 3.00 |
| Botetourt | 023 | 28 | 27 | 20 | 19 | 4.67 | 4.50 | 3.34 | 3.17 |
| Buckingham | 029 | 22 | 21 | 17 | 18 | 3.67 | 3.50 | 2.84 | 3.00 |
| Campbell | 031 | 22 | 17 | 17 | 17 | 3.67 | 2.84 | 2.84 | 2.84 |
| Charlotte | 037 | 22 | 21 | 17 | 18 | 3.67 | 3.50 | 2.84 | 3.00 |
| Craig | 045 | 24 | 19 | 19 | 19 | 4.00 | 3.17 | 3.17 | 3.17 |
| Danville | 590 | 27 | 24 | 17 | 18 | 4.50 | 4.00 | 2.84 | 3.00 |
| Franklin Co. | 067 | 29 | 22 | 18 | 16 | 4.84 | 3.67 | 3.00 | 2.67 |
| Halifax/ South Boston | 083 | 22 | 21 | 17 | 18 | 3.67 | 3.50 | 2.84 | 3.00 |
| Henry/ Martinsville | 089 | 27 | 24 | 18 | 16 | 4.50 | 4.00 | 3.00 | 2.67 |
| Lunenburg | 111 | 22 | 21 | 17 | 18 | 3.67 | 3.50 | 2.84 | 3.00 |
| Lynchburg | 680 | 23 | 23 | 19 | 17 | 3.84 | 3.84 | 3.17 | 2.84 |
| Mecklenburg | 117 | 21 | 21 | 18 | 17 | 3.50 | 3.50 | 3.00 | 2.84 |
| Nelson | 125 | 29 | 23 | 20 | 22 | 4.84 | 3.84 | 3.34 | 3.67 |
| Patrick | 141 | 20 | 18 | 18 | 18 | 3.34 | 3.00 | 3.00 | 3.00 |
| Pittsylvania | 143 | 18 | 19 | 18 | 18 | 3.00 | 3.17 | 3.00 | 3.00 |
| Prince Edward | 147 | 23 | 21 | 22 | 21 | 3.84 | 3.50 | 3.67 | 3.50 |
| Roanoke | 770 | 34 | 31 | 23 | 23 | 5.67 | 5.17 | 3.84 | 3.84 |
| Roanoke Co. | 161 | 38 | 38 | 29 | 27 | 6.34 | 6.34 | 4.84 | 4.50 |
| Rockbridge/ Buena Vista/ Lexington | 163 | 29 | 25 | 25 | 20 | 4.84 | 4.17 | 4.17 | 3.34 |

VIRGINIA BEACH – TIER 1

CENTER WEEKLY RATE

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre-School Full Time | School Age Full Time | Before School | After School | Before & After School |
|-------------------|-------------|-----------------------------|------------------------------|---------------------------------|---------------------------------|--------------------------|-------------------------|------------------------------------------|
| Accomack | 001 | 85 | 78 | 72 | 65 | 25 | 25 | 36 |
| Chesapeake | 550 | 131 | 121 | 97 | 90 | 45 | 57 | 68 |
| Franklin City | 620 | 108 | 102 | 76 | 76 | 20 | 21 | 33 |
| Hampton | 650 | 123 | 102 | 86 | 80 | 41 | 48 | 61 |
| Isle Of Wight | 093 | 110 | 98 | 75 | 65 | 25 | 31 | 45 |
| James City | 095 | 124 | 124 | 106 | 94 | 25 | 28 | 50 |
| Newport News | 700 | 120 | 119 | 96 | 84 | 45 | 53 | 65 |
| Norfolk | 710 | 124 | 119 | 97 | 90 | 38 | 50 | 60 |
| Northampton | 131 | 85 | 68 | 68 | 65 | 15 | 23 | 30 |
| Portsmouth | 740 | 129 | 93 | 84 | 85 | 31 | 42 | 59 |
| Southampton | 175 | 94 | 75 | 61 | 55 | 25 | 27 | 30 |
| Suffolk | 800 | 107 | 96 | 81 | 79 | 28 | 38 | 50 |
| Virginia Beach | 810 | 137 | 128 | 104 | 98 | 45 | 57 | 69 |
| Williamsburg | 830 | 131 | 131 | 111 | 104 | 40 | 41 | 66 |
| York/ Poquoson | 199 | 117 | 115 | 89 | 89 | 33 | 38 | 58 |

VIRGINIA BEACH – TIER 1
CENTER DAILY/HOURLY RATE

| Locality | FIPS | Infant Daily | Toddler Daily | Pre- School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre- School Hourly | School Age Hourly |
|----------------|------|-----------------|------------------|-------------------------|------------------------|------------------|-------------------|--------------------------|-------------------------|
| Accomack | 001 | 23 | 21 | 19 | 18 | 3.84 | 3.50 | 3.17 | 3.00 |
| Chesapeake | 550 | 35 | 33 | 26 | 24 | 5.84 | 5.50 | 4.34 | 4.00 |
| Franklin City | 620 | 29 | 28 | 21 | 21 | 4.84 | 4.67 | 3.50 | 3.50 |
| Hampton | 650 | 33 | 28 | 23 | 22 | 5.50 | 4.67 | 3.84 | 3.67 |
| Isle Of Wight | 093 | 30 | 26 | 20 | 18 | 5.00 | 4.34 | 3.34 | 3.00 |
| James City | 095 | 33 | 33 | 29 | 25 | 5.50 | 5.50 | 4.84 | 4.17 |
| Newport News | 700 | 32 | 32 | 26 | 23 | 5.34 | 5.34 | 4.34 | 3.84 |
| Norfolk | 710 | 33 | 32 | 26 | 24 | 5.50 | 5.34 | 4.34 | 4.00 |
| Northampton | 131 | 23 | 18 | 18 | 18 | 3.84 | 3.00 | 3.00 | 3.00 |
| Portsmouth | 740 | 35 | 25 | 23 | 23 | 5.84 | 4.17 | 3.84 | 3.84 |
| Southampton | 175 | 25 | 20 | 16 | 15 | 4.17 | 3.34 | 2.67 | 2.50 |
| Suffolk | 800 | 29 | 26 | 22 | 21 | 4.84 | 4.34 | 3.67 | 3.50 |
| Virginia Beach | 810 | 37 | 35 | 28 | 26 | 6.17 | 5.84 | 4.67 | 4.34 |
| Williamsburg | 830 | 35 | 35 | 30 | 28 | 5.84 | 5.84 | 5.00 | 4.67 |
| York/ Poquoson | 199 | 32 | 31 | 24 | 24 | 5.34 | 5.17 | 4.00 | 4.00 |

WARRENTON AREA – TIER 1

CENTER WEEKLY RATE

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre-School Full Time | School Age Full Time | Before School | After School | Before & After School |
|----------------------------------------|------|---------------------|----------------------|-------------------------|-------------------------|------------------|-----------------|--------------------------|
| Albemarle/ Charlottesville | 003 | 142 | 142 | 112 | 113 | 14 | 41 | 49 |
| Alexandria | 510 | 187 | 180 | 145 | 143 | 44 | 70 | 92 |
| Arlington | 013 | 197 | 197 | 167 | 165 | 17 | 41 | 94 |
| Augusta/ Staunton/ Waynesboro | 015 | 115 | 105 | 90 | 90 | 30 | 38 | 50 |
| Clarke | 043 | 109 | 94 | 74 | 76 | 29 | 34 | 48 |
| Culpeper | 047 | 90 | 90 | 75 | 75 | 15 | 32 | 45 |
| Fairfax Co./ City & Falls Church | 059 | 190 | 185 | 161 | 148 | 54 | 66 | 95 |
| Fauquier | 061 | 131 | 128 | 99 | 96 | 25 | 35 | 51 |
| Fluvanna | 065 | 142 | 121 | 101 | 98 | 25 | 36 | 56 |
| Frederick/ Winchester | 069 | 88 | 83 | 78 | 75 | 28 | 34 | 45 |
| Fredericksburg | 630 | 131 | 126 | 97 | 93 | 54 | 54 | 64 |
| Greene | 079 | 107 | 98 | 73 | 73 | 25 | 28 | 35 |
| Highland | 091 | 107 | 98 | 81 | 79 | 25 | 32 | 45 |
| Loudoun | 107 | 177 | 170 | 140 | 132 | 58 | 66 | 91 |
| Louisa | 109 | 107 | 98 | 103 | 90 | 25 | 35 | 45 |
| Madison | 113 | 95 | 95 | 80 | 80 | 12 | 27 | 34 |
| Manassas | 683 | 161 | 146 | 126 | 111 | 54 | 59 | 88 |
| Manassas Park | 685 | 187 | 178 | 134 | 96 | 46 | 51 | 70 |
| Orange | 137 | 104 | 104 | 90 | 84 | 13 | 37 | 48 |
| Page | 139 | 107 | 98 | 81 | 79 | 25 | 30 | 45 |
| Prince William | 153 | 154 | 154 | 128 | 121 | 52 | 57 | 81 |
| Rappahannock | 157 | 111 | 111 | 96 | 96 | 30 | 32 | 38 |
| Rockingham/ Harrisonburg | 165 | 118 | 114 | 95 | 95 | 27 | 30 | 45 |
| Shenandoah | 171 | 75 | 73 | 68 | 70 | 25 | 32 | 50 |
| Spotsylvania | 177 | 128 | 125 | 97 | 98 | 45 | 45 | 64 |
| Stafford | 179 | 128 | 128 | 109 | 97 | 52 | 50 | 75 |
| Warren | 187 | 98 | 85 | 75 | 75 | 26 | 36 | 48 |

WARRENTON AREA – TIER 1

CENTER DAILY/HOURLY RATE

| Locality | FIPS | Infant Daily | Toddler Daily | Pre- School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre- School Hourly | School Age Hourly |
|-------------------------------------|------|-----------------|------------------|-------------------------|------------------------|------------------|-------------------|--------------------------|-------------------------|
| Albemarle/ Charlottesville | 003 | 38 | 38 | 30 | 31 | 6.34 | 6.34 | 5.00 | 5.17 |
| Alexandria | 510 | 50 | 49 | 39 | 39 | 8.34 | 8.17 | 6.50 | 6.50 |
| Arlington | 013 | 53 | 53 | 45 | 45 | 8.84 | 8.84 | 7.50 | 7.50 |
| Augusta/ Staunton/ Waynesboro | 015 | 31 | 28 | 24 | 24 | 5.17 | 4.67 | 4.00 | 4.00 |
| Clarke | 043 | 29 | 25 | 20 | 21 | 4.84 | 4.17 | 3.34 | 3.50 |
| Culpeper | 047 | 24 | 24 | 20 | 20 | 4.00 | 4.00 | 3.34 | 3.34 |
| Fairfax Co./ City & Falls Church | 059 | 51 | 50 | 43 | 40 | 8.50 | 8.34 | 7.17 | 6.67 |
| Fauquier | 061 | 35 | 35 | 27 | 26 | 5.84 | 5.84 | 4.50 | 4.34 |
| Fluvanna | 065 | 38 | 33 | 27 | 26 | 6.34 | 5.50 | 4.50 | 4.34 |
| Frederick/ Winchester | 069 | 24 | 22 | 21 | 20 | 4.00 | 3.67 | 3.50 | 3.34 |
| Fredericksburg | 630 | 35 | 34 | 26 | 25 | 5.84 | 5.67 | 4.34 | 4.17 |
| Greene | 079 | 29 | 26 | 20 | 20 | 4.84 | 4.34 | 3.34 | 3.34 |
| Highland | 091 | 29 | 26 | 22 | 21 | 4.84 | 4.34 | 3.67 | 3.50 |
| Loudoun | 107 | 48 | 46 | 38 | 36 | 8.00 | 7.67 | 6.34 | 6.00 |
| Louisa | 109 | 29 | 26 | 28 | 24 | 4.84 | 4.34 | 4.67 | 4.00 |
| Madison | 113 | 26 | 26 | 22 | 22 | 4.34 | 4.34 | 3.67 | 3.67 |
| Manassas | 683 | 43 | 39 | 34 | 30 | 7.17 | 6.50 | 5.67 | 5.00 |
| Manassas Park | 685 | 50 | 48 | 36 | 26 | 8.34 | 8.00 | 6.00 | 4.34 |
| Orange | 137 | 28 | 28 | 24 | 23 | 4.67 | 4.67 | 4.00 | 3.84 |
| Page | 139 | 29 | 26 | 22 | 21 | 4.84 | 4.34 | 3.67 | 3.50 |
| Prince William | 153 | 42 | 42 | 35 | 33 | 7.00 | 7.00 | 5.84 | 5.50 |
| Rappahannock | 157 | 30 | 30 | 26 | 26 | 5.00 | 5.00 | 4.34 | 4.34 |
| Rockingham/ Harrisonburg | 165 | 32 | 31 | 26 | 26 | 5.34 | 5.17 | 4.34 | 4.34 |
| Shenandoah | 171 | 20 | 20 | 18 | 19 | 3.34 | 3.34 | 3.00 | 3.17 |
| Spotsylvania | 177 | 35 | 34 | 26 | 26 | 5.84 | 5.67 | 4.34 | 4.34 |
| Stafford | 179 | 35 | 35 | 29 | 26 | 5.84 | 5.84 | 4.84 | 4.34 |
| Warren | 187 | 26 | 23 | 20 | 20 | 4.34 | 3.84 | 3.34 | 3.34 |

ABINGDON AREA – TIER 1

FAMILY WEEKLY RATE

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre-School Full Time | School Age Full Time | Before School | After School | Before & After School |
|--------------|------|------------------|-------------------|----------------------|----------------------|---------------|--------------|-----------------------|
| Bland | 021 | 65 | 58 | 60 | 55 | 36 | 36 | 43 |
| Bristol | 520 | 65 | 63 | 63 | 63 | 25 | 32 | 42 |
| Buchanan | 027 | 90 | 90 | 90 | 90 | 25 | 32 | 32 |
| Carroll | 035 | 60 | 60 | 50 | 50 | 25 | 18 | 35 |
| Dickenson | 051 | 80 | 78 | 75 | 68 | 27 | 32 | 50 |
| Floyd | 063 | 54 | 59 | 54 | 50 | 15 | 25 | 38 |
| Galax | 640 | 60 | 58 | 60 | 55 | 23 | 27 | 35 |
| Giles | 071 | 68 | 60 | 60 | 60 | 18 | 29 | 40 |
| Grayson | 077 | 58 | 58 | 50 | 45 | 20 | 24 | 34 |
| Lee | 105 | 70 | 68 | 75 | 55 | 45 | 45 | 42 |
| Montgomery | 121 | 85 | 83 | 73 | 70 | 25 | 27 | 35 |
| Pulaski | 155 | 58 | 60 | 60 | 58 | 25 | 30 | 40 |
| Radford | 750 | 98 | 73 | 70 | 55 | 28 | 28 | 39 |
| Russell | 167 | 60 | 60 | 60 | 60 | 18 | 32 | 42 |
| Scott | 169 | 70 | 70 | 68 | 68 | 20 | 30 | 83 |
| Smyth | 173 | 55 | 53 | 53 | 53 | 23 | 29 | 42 |
| Tazewell | 185 | 73 | 73 | 60 | 60 | 13 | 32 | 35 |
| Washington | 191 | 77 | 63 | 60 | 60 | 25 | 30 | 40 |
| Wise/ Norton | 195 | 68 | 63 | 60 | 60 | 23 | 31 | 42 |
| Wythe | 197 | 60 | 63 | 63 | 63 | 28 | 30 | 35 |

ABINGDON AREA – TIER 1

FAMILY DAILY/HOURLY RATE

| Locality | FIPS | Infant Daily | Toddler Daily | Pre- School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre- School Hourly | School Age Hourly |
|--------------|------|-----------------|------------------|-------------------------|------------------------|------------------|-------------------|--------------------------|-------------------------|
| Bland | 021 | 18 | 16 | 16 | 15 | 3.00 | 2.67 | 2.67 | 2.50 |
| Bristol | 520 | 18 | 17 | 17 | 17 | 3.00 | 2.84 | 2.84 | 2.84 |
| Buchanan | 027 | 24 | 24 | 24 | 24 | 4.00 | 4.00 | 4.00 | 4.00 |
| Carroll | 035 | 16 | 16 | 14 | 14 | 2.67 | 2.67 | 2.34 | 2.34 |
| Dickenson | 051 | 22 | 21 | 20 | 18 | 3.67 | 3.50 | 3.34 | 3.00 |
| Floyd | 063 | 15 | 16 | 15 | 14 | 2.50 | 2.67 | 2.50 | 2.34 |
| Galax | 640 | 16 | 16 | 16 | 15 | 2.67 | 2.67 | 2.67 | 2.50 |
| Giles | 071 | 18 | 16 | 16 | 16 | 3.00 | 2.67 | 2.67 | 2.67 |
| Grayson | 077 | 16 | 16 | 14 | 12 | 2.67 | 2.67 | 2.34 | 2.00 |
| Lee | 105 | 19 | 18 | 20 | 15 | 3.17 | 3.00 | 3.34 | 2.50 |
| Montgomery | 121 | 23 | 22 | 20 | 19 | 3.84 | 3.67 | 3.34 | 3.17 |
| Pulaski | 155 | 16 | 16 | 16 | 16 | 2.67 | 2.67 | 2.67 | 2.67 |
| Radford | 750 | 26 | 20 | 19 | 15 | 4.34 | 3.34 | 3.17 | 2.50 |
| Russell | 167 | 16 | 16 | 16 | 16 | 2.67 | 2.67 | 2.67 | 2.67 |
| Scott | 169 | 19 | 19 | 18 | 18 | 3.17 | 3.17 | 3.00 | 3.00 |
| Smyth | 173 | 15 | 14 | 14 | 14 | 2.50 | 2.34 | 2.34 | 2.34 |
| Tazewell | 185 | 20 | 20 | 16 | 16 | 3.34 | 3.34 | 2.67 | 2.67 |
| Washington | 191 | 21 | 17 | 16 | 16 | 3.50 | 2.84 | 2.67 | 2.67 |
| Wise/ Norton | 195 | 18 | 17 | 16 | 16 | 3.00 | 2.84 | 2.67 | 2.67 |
| Wythe | 197 | 16 | 17 | 17 | 17 | 2.67 | 2.84 | 2.84 | 2.84 |

HENRICO AREA – TIER 1

FAMILY WEEKLY RATE

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre-School Full Time | School Age Full Time | Before School | After School | Before & After School |
|--------------------------------|------|------------------|-------------------|----------------------|----------------------|---------------|--------------|-----------------------|
| Amelia | 007 | 98 | 88 | 83 | 83 | 32 | 34 | 51 |
| Brunswick | 025 | 73 | 70 | 63 | 63 | 50 | 47 | 53 |
| Caroline | 033 | 85 | 80 | 68 | 65 | 33 | 35 | 45 |
| Charles City | 036 | 80 | 78 | 68 | 70 | 25 | 35 | 51 |
| Chesterfield/ Colonial Heights | 041 | 103 | 100 | 93 | 83 | 40 | 48 | 60 |
| Cumberland | 049 | 70 | 68 | 65 | 63 | 22 | 32 | 38 |
| Dinwiddie | 053 | 80 | 78 | 70 | 70 | 25 | 30 | 49 |
| Essex | 057 | 78 | 70 | 70 | 70 | 24 | 29 | 44 |
| Gloucester | 073 | 78 | 78 | 70 | 65 | 27 | 35 | 45 |
| Goochland | 075 | 93 | 90 | 75 | 73 | 25 | 35 | 49 |
| Greensville/ Emporia | 081 | 90 | 63 | 58 | 58 | 33 | 37 | 47 |
| Hanover | 085 | 100 | 98 | 85 | 80 | 41 | 48 | 63 |
| Henrico | 087 | 110 | 100 | 98 | 85 | 48 | 68 | 65 |
| Hopewell | 670 | 80 | 78 | 70 | 68 | 30 | 35 | 54 |
| King & Queen | 097 | 80 | 78 | 70 | 70 | 25 | 35 | 49 |
| King George | 099 | 98 | 90 | 88 | 83 | 27 | 39 | 55 |
| King William | 101 | 80 | 75 | 70 | 70 | 25 | 35 | 49 |
| Lancaster | 103 | 80 | 78 | 70 | 70 | 25 | 30 | 49 |
| Mathews | 115 | 80 | 80 | 73 | 68 | 25 | 30 | 49 |
| Middlesex | 119 | 80 | 80 | 75 | 75 | 20 | 25 | 47 |
| New Kent | 127 | 85 | 85 | 73 | 75 | 32 | 40 | 54 |
| Northumberland | 133 | 80 | 78 | 70 | 70 | 25 | 35 | 49 |
| Nottoway | 135 | 60 | 60 | 68 | 60 | 32 | 45 | 55 |
| Petersburg | 730 | 85 | 80 | 72 | 65 | 40 | 40 | 44 |
| Powhatan | 145 | 83 | 83 | 73 | 70 | 25 | 35 | 40 |
| Prince George | 149 | 80 | 80 | 70 | 65 | 19 | 33 | 41 |
| Richmond | 760 | 90 | 90 | 73 | 70 | 50 | 48 | 60 |
| Richmond Co. | 159 | 80 | 80 | 70 | 70 | 25 | 35 | 41 |
| Surry | 181 | 80 | 73 | 57 | 57 | 25 | 35 | 45 |
| Sussex | 183 | 75 | 75 | 68 | 68 | 32 | 36 | 46 |
| Westmoreland | 193 | 80 | 68 | 65 | 70 | 25 | 35 | 44 |

HENRICO AREA – TIER 1

FAMILY DAILY/HOURLY RATE

| Locality | FIPS | Infant Daily | Toddler Daily | Pre- School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre- School Hourly | School Age Hourly |
|-----------------------------------|------|-----------------|------------------|-------------------------|------------------------|------------------|-------------------|--------------------------|-------------------------|
| Amelia | 007 | 26 | 24 | 22 | 22 | 4.34 | 4.00 | 3.67 | 3.67 |
| Brunswick | 025 | 20 | 19 | 17 | 17 | 3.34 | 3.17 | 2.84 | 2.84 |
| Caroline | 033 | 23 | 22 | 18 | 18 | 3.84 | 3.67 | 3.00 | 3.00 |
| Charles City | 036 | 22 | 21 | 18 | 19 | 3.67 | 3.50 | 3.00 | 3.17 |
| Chesterfield/ Colonial Heights | 041 | 28 | 27 | 25 | 22 | 4.67 | 4.50 | 4.17 | 3.67 |
| Cumberland | 049 | 19 | 18 | 18 | 17 | 3.17 | 3.00 | 3.00 | 2.84 |
| Dinwiddie | 053 | 22 | 21 | 19 | 19 | 3.67 | 3.50 | 3.17 | 3.17 |
| Essex | 057 | 21 | 19 | 19 | 19 | 3.50 | 3.17 | 3.17 | 3.17 |
| Gloucester | 073 | 21 | 21 | 19 | 18 | 3.50 | 3.50 | 3.17 | 3.00 |
| Goochland | 075 | 25 | 24 | 20 | 20 | 4.17 | 4.00 | 3.34 | 3.34 |
| Greensville/ Emporia | 081 | 24 | 17 | 16 | 16 | 4.00 | 2.84 | 2.67 | 2.67 |
| Hanover | 085 | 27 | 26 | 23 | 22 | 4.50 | 4.34 | 3.84 | 3.67 |
| Henrico | 087 | 30 | 27 | 26 | 23 | 5.00 | 4.50 | 4.34 | 3.84 |
| Hopewell | 670 | 22 | 21 | 19 | 18 | 3.67 | 3.50 | 3.17 | 3.00 |
| King & Queen | 097 | 22 | 21 | 19 | 19 | 3.67 | 3.50 | 3.17 | 3.17 |
| King George | 099 | 26 | 24 | 24 | 22 | 4.34 | 4.00 | 4.00 | 3.67 |
| King William | 101 | 22 | 20 | 19 | 19 | 3.67 | 3.34 | 3.17 | 3.17 |
| Lancaster | 103 | 22 | 21 | 19 | 19 | 3.67 | 3.50 | 3.17 | 3.17 |
| Mathews | 115 | 22 | 22 | 20 | 18 | 3.67 | 3.67 | 3.34 | 3.00 |
| Middlesex | 119 | 22 | 22 | 20 | 20 | 3.67 | 3.67 | 3.34 | 3.34 |
| New Kent | 127 | 23 | 23 | 20 | 20 | 3.84 | 3.84 | 3.34 | 3.34 |
| Northumberland | 133 | 22 | 21 | 19 | 19 | 3.67 | 3.50 | 3.17 | 3.17 |
| Nottoway | 135 | 16 | 16 | 18 | 16 | 2.67 | 2.67 | 3.00 | 2.67 |
| Petersburg | 730 | 23 | 22 | 19 | 18 | 3.84 | 3.67 | 3.17 | 3.00 |
| Powhatan | 145 | 22 | 22 | 20 | 19 | 3.67 | 3.67 | 3.34 | 3.17 |
| Prince George | 149 | 22 | 22 | 19 | 18 | 3.67 | 3.67 | 3.17 | 3.00 |
| Richmond | 760 | 24 | 24 | 20 | 19 | 4.00 | 4.00 | 3.34 | 3.17 |
| Richmond Co. | 159 | 22 | 22 | 19 | 19 | 3.67 | 3.67 | 3.17 | 3.17 |
| Surry | 181 | 22 | 20 | 15 | 15 | 3.67 | 3.34 | 2.50 | 2.50 |
| Sussex | 183 | 20 | 20 | 18 | 18 | 3.34 | 3.34 | 3.00 | 3.00 |
| Westmoreland | 193 | 22 | 18 | 18 | 19 | 3.67 | 3.00 | 3.00 | 3.17 |

PIEDMONT AREA – TIER 1

FAMILY WEEKLY RATE

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre-School Full Time | School Age Full Time | Before School | After School | Before & After School |
|------------------------------------|------|------------------|-------------------|----------------------|----------------------|---------------|--------------|-----------------------|
| Alleghany/ Covington/ | 005 | 80 | 80 | 75 | 75 | 25 | 30 | 43 |
| Amherst | 009 | 60 | 60 | 60 | 60 | 34 | 34 | 45 |
| Appomattox | 011 | 78 | 75 | 70 | 68 | 33 | 33 | 55 |
| Bath | 017 | 90 | 80 | 80 | 75 | 28 | 40 | 47 |
| Bedford Co./ City | 019 | 88 | 78 | 75 | 63 | 24 | 32 | 53 |
| Botetourt | 023 | 80 | 80 | 80 | 63 | 25 | 30 | 40 |
| Buckingham | 029 | 58 | 58 | 58 | 50 | 32 | 34 | 50 |
| Campbell | 031 | 70 | 65 | 60 | 58 | 27 | 32 | 43 |
| Charlotte | 037 | 70 | 68 | 65 | 63 | 32 | 34 | 48 |
| Craig | 045 | 73 | 65 | 63 | 60 | 27 | 28 | 41 |
| Danville | 590 | 60 | 60 | 50 | 50 | 54 | 23 | 35 |
| Franklin Co. | 067 | 75 | 70 | 68 | 65 | 23 | 23 | 45 |
| Halifax/ South Boston | 083 | 80 | 75 | 75 | 65 | 34 | 36 | 50 |
| Henry/ Martinsville | 089 | 63 | 60 | 60 | 60 | 28 | 30 | 35 |
| Lunenburg | 111 | 80 | 81 | 61 | 59 | 32 | 36 | 40 |
| Lynchburg | 680 | 85 | 86 | 77 | 65 | 29 | 40 | 58 |
| Mecklenburg | 117 | 73 | 65 | 63 | 63 | 32 | 36 | 48 |
| Nelson | 125 | 60 | 78 | 78 | 73 | 20 | 28 | 35 |
| Patrick | 141 | 50 | 50 | 50 | 50 | 25 | 25 | 36 |
| Pittsylvania | 143 | 55 | 55 | 55 | 55 | 25 | 30 | 39 |
| Prince Edward | 147 | 70 | 65 | 63 | 60 | 34 | 34 | 48 |
| Roanoke City | 770 | 85 | 80 | 73 | 68 | 35 | 40 | 50 |
| Roanoke Co./ Salem | 161 | 80 | 79 | 79 | 75 | 30 | 30 | 66 |
| Rockbridge/ Buena Vista/ Lexington | 163 | 100 | 100 | 90 | 86 | 59 | 42 | 59 |

PIEDMONT AREA – TIER 1
FAMILY DAILY/HOURLY RATE

| Locality | FIPS | Infant Daily | Toddler Daily | Pre- School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre- School Hourly | School Age Hourly |
|---------------------------------------|------|-----------------|------------------|-------------------------|------------------------|------------------|-------------------|--------------------------|-------------------------|
| Alleghany/ Covington | 005 | 22 | 22 | 20 | 20 | 3.67 | 3.67 | 3.34 | 3.34 |
| Amherst | 009 | 16 | 16 | 16 | 16 | 2.67 | 2.67 | 2.67 | 2.67 |
| Appomattox | 011 | 21 | 20 | 19 | 18 | 3.50 | 3.34 | 3.17 | 3.00 |
| Bath | 017 | 24 | 22 | 22 | 20 | 4.00 | 3.67 | 3.67 | 3.34 |
| Bedford Co./ City | 019 | 24 | 21 | 20 | 17 | 4.00 | 3.50 | 3.34 | 2.84 |
| Botetourt | 023 | 22 | 22 | 22 | 17 | 3.67 | 3.67 | 3.67 | 2.84 |
| Buckingham | 029 | 16 | 16 | 16 | 14 | 2.67 | 2.67 | 2.67 | 2.34 |
| Campbell | 031 | 19 | 18 | 16 | 16 | 3.17 | 3.00 | 2.67 | 2.67 |
| Charlotte | 037 | 19 | 18 | 18 | 17 | 3.17 | 3.00 | 3.00 | 2.84 |
| Craig | 045 | 20 | 18 | 17 | 16 | 3.34 | 3.00 | 2.84 | 2.67 |
| Danville | 590 | 16 | 16 | 14 | 14 | 2.67 | 2.67 | 2.34 | 2.34 |
| Franklin Co. | 067 | 20 | 19 | 18 | 18 | 3.34 | 3.17 | 3.00 | 3.00 |
| Halifax/ South Boston | 083 | 22 | 20 | 20 | 18 | 3.67 | 3.34 | 3.34 | 3.00 |
| Henry/ Martinsville | 089 | 17 | 16 | 16 | 16 | 2.84 | 2.67 | 2.67 | 2.67 |
| Lunenburg | 111 | 22 | 22 | 16 | 16 | 3.67 | 3.67 | 2.67 | 2.67 |
| Lynchburg | 680 | 23 | 23 | 21 | 18 | 3.84 | 3.84 | 3.50 | 3.00 |
| Mecklenburg | 117 | 20 | 18 | 17 | 17 | 3.34 | 3.00 | 2.84 | 2.84 |
| Nelson | 125 | 16 | 21 | 21 | 20 | 2.67 | 3.50 | 3.50 | 3.34 |
| Patrick | 141 | 14 | 14 | 14 | 14 | 2.34 | 2.34 | 2.34 | 2.34 |
| Pittsylvania | 143 | 15 | 15 | 15 | 15 | 2.50 | 2.50 | 2.50 | 2.50 |
| Prince Edward | 147 | 19 | 18 | 17 | 16 | 3.17 | 3.00 | 2.84 | 2.67 |
| Roanoke City | 770 | 23 | 22 | 20 | 18 | 3.84 | 3.67 | 3.34 | 3.00 |
| Roanoke Co./ Salem | 161 | 22 | 21 | 21 | 20 | 3.67 | 3.50 | 3.50 | 3.34 |
| Rockbridge/ Buena Vista/ Lexington | 163 | 27 | 27 | 24 | 23 | 4.50 | 4.50 | 4.00 | 3.84 |

VIRGINIA BEACH AREA – TIER 1

FAMILY WEEKLY RATE

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre-School Full Time | School Age Full Time | Before School | After School | Before & After School |
|----------------|------|------------------|-------------------|----------------------|----------------------|---------------|--------------|-----------------------|
| Accomack | 001 | 68 | 68 | 68 | 65 | 30 | 34 | 35 |
| Chesapeake | 550 | 90 | 83 | 82 | 75 | 35 | 40 | 53 |
| Franklin City | 620 | 73 | 70 | 70 | 99 | 28 | 38 | 63 |
| Hampton | 650 | 83 | 83 | 73 | 73 | 30 | 40 | 55 |
| Isle Of Wight | 093 | 80 | 75 | 75 | 75 | 25 | 44 | 60 |
| James City | 095 | 98 | 98 | 85 | 83 | 30 | 30 | 50 |
| Newport News | 700 | 83 | 80 | 70 | 73 | 28 | 38 | 55 |
| Norfolk | 710 | 88 | 78 | 75 | 70 | 28 | 34 | 50 |
| Northampton | 131 | 73 | 75 | 73 | 75 | 54 | 46 | 68 |
| Portsmouth | 740 | 75 | 72 | 70 | 63 | 22 | 38 | 55 |
| Southampton | 175 | 80 | 70 | 70 | 70 | 28 | 44 | 60 |
| Suffolk | 800 | 78 | 75 | 72 | 72 | 28 | 35 | 51 |
| Virginia Beach | 810 | 95 | 85 | 79 | 73 | 23 | 35 | 50 |
| Williamsburg | 830 | 100 | 83 | 83 | 78 | 32 | 45 | 55 |
| York/ Poquoson | 199 | 90 | 78 | 78 | 75 | 28 | 38 | 58 |

VIRGINIA BEACH AREA – TIER 1

FAMILY DAILY/HOURLY RATE

| Locality | FIPS | Infant Daily | Toddler Daily | Pre- School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre- School Hourly | School Age Hourly |
|----------------|------|-----------------|------------------|-------------------------|------------------------|------------------|-------------------|--------------------------|-------------------------|
| Accomack | 001 | 18 | 18 | 18 | 18 | 3.00 | 3.00 | 3.00 | 3.00 |
| Chesapeake | 550 | 24 | 22 | 22 | 20 | 4.00 | 3.67 | 3.67 | 3.34 |
| Franklin City | 620 | 20 | 19 | 19 | 27 | 3.34 | 3.17 | 3.17 | 4.50 |
| Hampton | 650 | 22 | 22 | 20 | 20 | 3.67 | 3.67 | 3.34 | 3.34 |
| Isle Of Wight | 093 | 22 | 20 | 20 | 20 | 3.67 | 3.34 | 3.34 | 3.34 |
| James City | 095 | 26 | 26 | 23 | 22 | 4.34 | 4.34 | 3.84 | 3.67 |
| Newport News | 700 | 22 | 22 | 19 | 20 | 3.67 | 3.67 | 3.17 | 3.34 |
| Norfolk | 710 | 24 | 21 | 20 | 19 | 4.00 | 3.50 | 3.34 | 3.17 |
| Northampton | 131 | 20 | 20 | 20 | 20 | 3.34 | 3.34 | 3.34 | 3.34 |
| Portsmouth | 740 | 20 | 19 | 19 | 17 | 3.34 | 3.17 | 3.17 | 2.84 |
| Southampton | 175 | 22 | 19 | 19 | 19 | 3.67 | 3.17 | 3.17 | 3.17 |
| Suffolk | 800 | 21 | 20 | 19 | 19 | 3.50 | 3.34 | 3.17 | 3.17 |
| Virginia Beach | 810 | 26 | 23 | 21 | 20 | 4.34 | 3.84 | 3.50 | 3.34 |
| Williamsburg | 830 | 27 | 22 | 22 | 21 | 4.50 | 3.67 | 3.67 | 3.50 |
| York/ Poquoson | 199 | 24 | 21 | 21 | 20 | 4.00 | 3.50 | 3.50 | 3.34 |

WARRENTON AREA – TIER 1

FAMILY WEEKLY RATE

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre-School Full Time | School Age Full Time | Before School | After School | Before & After School |
|----------------------------------|------|------------------|-------------------|----------------------|----------------------|---------------|--------------|-----------------------|
| Albemarle/ Charlottesville | 003 | 110 | 106 | 100 | 99 | 50 | 55 | 43 |
| Alexandria | 510 | 140 | 137 | 134 | 130 | 65 | 60 | 90 |
| Arlington | 013 | 145 | 148 | 140 | 144 | 25 | 75 | 100 |
| Augusta/ Staunton/ Waynesboro | 015 | 83 | 80 | 78 | 78 | 25 | 30 | 45 |
| Clarke | 043 | 90 | 80 | 80 | 78 | 28 | 40 | 47 |
| Culpeper | 047 | 80 | 75 | 78 | 78 | 45 | 45 | 70 |
| Fairfax Co./ City & Falls Church | 059 | 153 | 148 | 145 | 133 | 55 | 73 | 89 |
| Fauquier | 061 | 110 | 113 | 100 | 95 | 40 | 40 | 65 |
| Fluvanna | 065 | 98 | 95 | 98 | 87 | 28 | 42 | 45 |
| Frederick/ Winchester | 069 | 88 | 83 | 80 | 78 | 38 | 45 | 55 |
| Fredericksburg | 630 | 95 | 85 | 81 | 81 | 41 | 41 | 60 |
| Greene | 079 | 100 | 90 | 87 | 80 | 28 | 43 | 54 |
| Highland | 091 | 75 | 63 | 60 | 58 | 25 | 42 | 38 |
| Loudoun | 107 | 150 | 148 | 138 | 128 | 54 | 70 | 92 |
| Louisa | 109 | 75 | 75 | 75 | 75 | 28 | 40 | 45 |
| Madison | 113 | 73 | 65 | 65 | 60 | 23 | 30 | 48 |
| Manassas | 683 | 145 | 128 | 123 | 123 | 35 | 68 | 97 |
| Manassas Park | 685 | 135 | 130 | 120 | 107 | 35 | 58 | 68 |
| Orange | 137 | 88 | 90 | 78 | 106 | 27 | 35 | 55 |
| Page | 139 | 60 | 55 | 55 | 55 | 25 | 34 | 47 |
| Prince William | 153 | 134 | 129 | 113 | 98 | 43 | 48 | 73 |
| Rappahannock | 157 | 103 | 90 | 88 | 85 | 25 | 30 | 50 |
| Rockingham/ Harrisonburg | 165 | 88 | 78 | 75 | 73 | 20 | 34 | 43 |
| Shenandoah | 171 | 73 | 70 | 65 | 58 | 28 | 30 | 43 |
| Spotsylvania | 177 | 103 | 80 | 78 | 78 | 32 | 40 | 48 |
| Stafford | 179 | 115 | 105 | 95 | 98 | 35 | 35 | 63 |
| Warren | 187 | 93 | 88 | 83 | 83 | 30 | 30 | 43 |

WARRENTON AREA – TIER 1

FAMILY DAILY/HOURLY RATE

| Locality | FIPS | Infant Daily | Toddler Daily | Pre-School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre-School Hourly | School Age Hourly |
|----------------------------------|------|--------------|---------------|------------------|------------------|---------------|----------------|-------------------|-------------------|
| Albemarle/Charlottesville | 003 | 30 | 29 | 27 | 27 | 5.00 | 4.84 | 4.50 | 4.50 |
| Alexandria | 510 | 38 | 37 | 36 | 35 | 6.34 | 6.17 | 6.00 | 5.84 |
| Arlington | 013 | 39 | 40 | 38 | 39 | 6.50 | 6.67 | 6.34 | 6.50 |
| Augusta/ Staunton/ Waynesboro | 015 | 22 | 22 | 21 | 21 | 3.67 | 3.67 | 3.50 | 3.50 |
| Clarke | 043 | 24 | 22 | 22 | 21 | 4.00 | 3.67 | 3.67 | 3.50 |
| Culpeper | 047 | 22 | 20 | 21 | 21 | 3.67 | 3.34 | 3.50 | 3.50 |
| Fairfax Co./ City & Falls Church | 059 | 41 | 40 | 39 | 36 | 6.84 | 6.67 | 6.50 | 6.00 |
| Fauquier | 061 | 30 | 31 | 27 | 26 | 5.00 | 5.17 | 4.50 | 4.34 |
| Fluvanna | 065 | 26 | 26 | 26 | 23 | 4.34 | 4.34 | 4.34 | 3.84 |
| Frederick/ Winchester | 069 | 24 | 22 | 22 | 21 | 4.00 | 3.67 | 3.67 | 3.50 |
| Fredericksburg | 630 | 26 | 23 | 22 | 22 | 4.34 | 3.84 | 3.67 | 3.67 |
| Greene | 079 | 27 | 24 | 23 | 22 | 4.50 | 4.00 | 3.84 | 3.67 |
| Highland | 091 | 20 | 17 | 16 | 16 | 3.34 | 2.84 | 2.67 | 2.67 |
| Loudoun | 107 | 41 | 40 | 37 | 35 | 6.84 | 6.67 | 6.17 | 5.84 |
| Louisa | 109 | 20 | 20 | 20 | 20 | 3.34 | 3.34 | 3.34 | 3.34 |
| Madison | 113 | 20 | 18 | 18 | 16 | 3.34 | 3.00 | 3.00 | 2.67 |
| Manassas | 683 | 39 | 35 | 33 | 33 | 6.50 | 5.84 | 5.50 | 5.50 |
| Manassas Park | 685 | 36 | 35 | 32 | 29 | 6.00 | 5.84 | 5.34 | 4.84 |
| Orange | 137 | 24 | 24 | 21 | 29 | 4.00 | 4.00 | 3.50 | 4.84 |
| Page | 139 | 16 | 15 | 15 | 15 | 2.67 | 2.50 | 2.50 | 2.50 |
| Prince William | 153 | 36 | 35 | 31 | 26 | 6.00 | 5.84 | 5.17 | 4.34 |
| Rappahannock | 157 | 28 | 24 | 24 | 23 | 4.67 | 4.00 | 4.00 | 3.84 |
| Rockingham/ Harrisonburg | 165 | 24 | 21 | 20 | 20 | 4.00 | 3.50 | 3.34 | 3.34 |
| Shenandoah | 171 | 20 | 19 | 18 | 16 | 3.34 | 3.17 | 3.00 | 2.67 |
| Spotsylvania | 177 | 28 | 22 | 21 | 21 | 4.67 | 3.67 | 3.50 | 3.50 |
| Stafford | 179 | 31 | 28 | 26 | 26 | 5.17 | 4.67 | 4.34 | 4.34 |
| Warren | 187 | 25 | 24 | 22 | 22 | 4.17 | 4.00 | 3.67 | 3.67 |

APPENDIX L

Commonwealth of Virginia
Department of Social Services

NOTICE OF LIMITED FUNDING

I understand that the Virginia Department of Social Services (VDSS) has limited funding available for the purchase of Fee Child Care services. The funding for Fee Child Care changes from year to year.

I understand that to qualify for these funds I must have a current need for Child Care services, I must be working or participating in an approved educational program, and my total household gross monthly income must not exceed the maximum monthly household income determined by VDSS guidelines.

I further understand that the availability of funding for child care services cannot be guaranteed. I also understand that if this funding ends or runs out, I will receive at least 10 days written advance notice of this action, and my name may be placed on the agency's waiting list.

Signature of Child Care Customer

Date

Signature of Child Care Worker

Date

NOTICE OF LIMITED FUNDING FOR CHILD CARE SERVICES

FORM NUMBER: 032-02-422 (10/03)

PURPOSE: The purpose of this form is to provide documentation that recipients of Fee System child care services are aware that funding for that program is limited and that ongoing services are not guaranteed.

USE: The Fee System recipient and the local agency service worker sign the form to acknowledge that limitations of funding have been discussed.

COPIES/ DISPOSITION: There is one copy of this form. The form is filed in the recipient's record.

APPENDIX M

| VIRGINIA DEPARTMENT OF SOCIAL SERVICES CHILD CARE WAITING LIST SCREENING FORM | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Reason for child care service request: | <input type="checkbox"/> Employment <input type="checkbox"/> Education/Training <input type="checkbox"/> CPS |
| Are you or any of the children who need child care receiving TANF? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are no children enrolled in Head Start? OR Is there a child in the household enrolled in Head Start, whose enrollment will end within the next 60 days? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a child under the age of 13 in the household who needs child care? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a child in your household who is at least 13 years old but not yet 18 years old who has a documented physical or mental incapacity that makes them unable to care for themselves or who is subject to court supervision and needs child care? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all parents/caretakers in the household either employed or attending a education/training program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If No, is there a reason why that parent/caretaker cannot provide the needed child care? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you or any of the children who need child care received TANF benefits in the past 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, when did you receive your last TANF check? | _____ (month/year) |
| Are you enrolled in a Program in which you will earn a degree higher than a baccalaureate degree? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Income/Employment Information | |
| Income must be counted for the following individuals who live in your home: <ul style="list-style-type: none"> • Parents (natural or adoptive) • A Stepparent residing in the home • A person cohabitating with (living with) a parent • Any child(ren) in the home over age of 14 Provide total dollar monthly amount before taxes and deductions (Gross Amounts) for | Gross Dollar Amounts |
| Employment: | _____ |
| Child Support received: | _____ |
| Veteran's Benefits, Retirement Benefits, and Pensions: | _____ |
| Social Security (do NOT include SSI): | _____ |
| Other (please list source): | _____ |
| Please check all that apply to you: | |
| Are you paying Child Support on behalf of someone who does not live with you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, how much do you pay each month? | \$ _____ |
| Is your paycheck being garnished? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, how much | _____ |
| Number of household members? | _____ |

Family Details Form

[illegible]

CHILD CARE WAITING LIST SCREENING FORM

Form Number: 032-02-423 (8/04)

Purpose: To screen customers for placement on a child care waiting list.

Use: The local agency worker will use the information on this form to input data into the Waiting List Database. The Database will calculate eligibility for the Waiting List.

Copies/Disposition: If a print copy of this form was received from a potential customer, the copy shall be retained by the local agency. If a child care case is subsequently opened, the copy shall be filed in the child care case record.

**APPENDIX N
TIER 2 MAXIMUM REIMBURSABLE RATES**

ABINGDON AREA – TIER 2

CENTER WEEKLY RATE

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre- School Full Time | School Age Full Time | Before School | After School | Before & After School |
|--------------|------|------------------------|-------------------------|-----------------------------|----------------------------|------------------|-----------------|-----------------------------|
| Bland | 021 | 85 | 85 | 75 | 73 | 25 | 33 | 47 |
| Bristol | 520 | 100 | 100 | 90 | 73 | 40 | 43 | 46 |
| Buchanan | 027 | 85 | 85 | 75 | 73 | 25 | 33 | 47 |
| Carroll | 035 | 82 | 79 | 69 | 60 | 25 | 48 | 63 |
| Dickenson | 051 | 85 | 85 | 75 | 73 | 25 | 33 | 47 |
| Floyd | 063 | 104 | 92 | 80 | 68 | 25 | 37 | 40 |
| Galax | 640 | 85 | 113 | 113 | 63 | 25 | 25 | 29 |
| Giles | 071 | 104 | 90 | 75 | 72 | 35 | 35 | 40 |
| Grayson | 077 | 79 | 78 | 68 | 65 | 16 | 32 | 45 |
| Lee | 105 | 85 | 90 | 90 | 75 | 30 | 30 | 60 |
| Montgomery | 121 | 120 | 120 | 105 | 80 | 35 | 42 | 53 |
| Pulaski | 155 | 104 | 95 | 81 | 65 | 38 | 38 | 46 |
| Radford | 750 | 115 | 95 | 79 | 70 | 22 | 37 | 45 |
| Russell | 167 | 85 | 70 | 65 | 62 | 20 | 20 | 36 |
| Scott | 169 | 85 | 85 | 80 | 68 | 18 | 39 | 45 |
| Smyth | 173 | 78 | 64 | 60 | 59 | 15 | 30 | 35 |
| Tazewell | 185 | 80 | 75 | 65 | 70 | 13 | 25 | 35 |
| Washington | 191 | 85 | 92 | 80 | 71 | 29 | 28 | 37 |
| Wise/ Norton | 195 | 85 | 85 | 75 | 65 | 19 | 35 | 54 |
| Wythe | 197 | 87 | 85 | 73 | 65 | 25 | 37 | 48 |

ABINGDON AREA – TIER 2
CENTER DAILY/HOURLY RATE

| Locality | FIPS | Infant Daily | Toddler Daily | Pre- School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre- School Hourly | School Age Hourly |
|--------------|------|-----------------|------------------|-------------------------|------------------------|------------------|-------------------|--------------------------|-------------------------|
| Bland | 021 | 23 | 23 | 20 | 20 | 3.84 | 3.84 | 3.34 | 3.34 |
| Bristol | 520 | 27 | 27 | 24 | 20 | 4.50 | 4.50 | 4.00 | 3.34 |
| Buchanan | 027 | 23 | 23 | 20 | 20 | 3.84 | 3.84 | 3.34 | 3.34 |
| Carroll | 035 | 22 | 21 | 19 | 16 | 3.67 | 3.50 | 3.17 | 2.67 |
| Dickenson | 051 | 23 | 23 | 20 | 20 | 3.84 | 3.84 | 3.34 | 3.34 |
| Floyd | 063 | 28 | 25 | 22 | 18 | 4.67 | 4.17 | 3.67 | 3.00 |
| Galax | 640 | 23 | 31 | 31 | 17 | 3.84 | 5.17 | 5.17 | 2.84 |
| Giles | 071 | 28 | 24 | 20 | 19 | 4.67 | 4.00 | 3.34 | 3.17 |
| Grayson | 077 | 21 | 21 | 18 | 18 | 3.50 | 3.50 | 3.00 | 3.00 |
| Lee | 105 | 23 | 24 | 24 | 20 | 3.84 | 4.00 | 4.00 | 3.34 |
| Montgomery | 121 | 32 | 32 | 28 | 22 | 5.34 | 5.34 | 4.67 | 3.67 |
| Pulaski | 155 | 28 | 26 | 22 | 18 | 4.67 | 4.34 | 3.67 | 3.00 |
| Radford | 750 | 31 | 26 | 21 | 19 | 5.17 | 4.34 | 3.50 | 3.17 |
| Russell | 167 | 23 | 19 | 18 | 17 | 3.84 | 3.17 | 3.00 | 2.84 |
| Scott | 169 | 23 | 23 | 22 | 18 | 3.84 | 3.84 | 3.67 | 3.00 |
| Smyth | 173 | 21 | 17 | 16 | 16 | 3.50 | 2.84 | 2.67 | 2.67 |
| Tazewell | 185 | 22 | 20 | 18 | 19 | 3.67 | 3.34 | 3.00 | 3.17 |
| Washington | 191 | 23 | 25 | 22 | 19 | 3.84 | 4.17 | 3.67 | 3.17 |
| Wise/ Norton | 195 | 23 | 23 | 20 | 18 | 3.84 | 3.84 | 3.34 | 3.00 |
| Wythe | 197 | 23 | 23 | 20 | 18 | 3.84 | 3.84 | 3.34 | 3.00 |

HENRICO AREA – TIER 2

CENTER WEEKLY RATE

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre-School Full Time | School Age Full Time | Before School | After School | Before & After School |
|--------------------------------|------|------------------|-------------------|----------------------|----------------------|---------------|--------------|-----------------------|
| Amelia | 007 | 105 | 87 | 87 | 65 | 16 | 35 | 43 |
| Brunswick | 025 | 105 | 88 | 77 | 50 | 16 | 30 | 35 |
| Caroline | 033 | 153 | 150 | 90 | 74 | 21 | 30 | 49 |
| Charles City | 036 | 110 | 110 | 95 | 83 | 35 | 40 | 50 |
| Chesterfield/ Colonial Heights | 041 | 170 | 165 | 135 | 107 | 48 | 59 | 70 |
| Cumberland | 049 | 95 | 85 | 75 | 60 | 12 | 29 | 42 |
| Dinwiddie | 053 | 120 | 113 | 77 | 74 | 31 | 40 | 49 |
| Essex | 057 | 114 | 106 | 104 | 76 | 15 | 31 | 38 |
| Gloucester | 073 | 129 | 129 | 109 | 87 | 36 | 36 | 47 |
| Goochland | 075 | 190 | 171 | 151 | 92 | 38 | 48 | 60 |
| Greensville/ Emporia | 081 | 105 | 105 | 70 | 62 | 52 | 37 | 52 |
| Hanover | 085 | 160 | 153 | 118 | 95 | 45 | 55 | 64 |
| Henrico | 087 | 180 | 163 | 130 | 102 | 56 | 64 | 73 |
| Hopewell | 670 | 110 | 110 | 85 | 75 | 32 | 40 | 52 |
| King & Queen | 097 | 105 | 105 | 77 | 80 | 36 | 40 | 54 |
| King George | 099 | 150 | 135 | 95 | 80 | 35 | 43 | 86 |
| King William | 101 | 125 | 125 | 95 | 80 | 15 | 38 | 43 |
| Lancaster | 103 | 120 | 113 | 92 | 83 | 36 | 37 | 54 |
| Mathews | 115 | 95 | 95 | 90 | 60 | 30 | 38 | 49 |
| Middlesex | 119 | 110 | 110 | 110 | 93 | 36 | 45 | 56 |
| New Kent | 127 | 120 | 120 | 90 | 84 | 36 | 32 | 56 |
| Northumberland | 133 | 105 | 105 | 81 | 83 | 26 | 35 | 49 |
| Nottoway | 135 | 105 | 88 | 85 | 65 | 16 | 30 | 42 |
| Petersburg | 730 | 92 | 97 | 88 | 75 | 34 | 44 | 59 |
| Powhatan | 145 | 150 | 140 | 125 | 84 | 44 | 47 | 56 |
| Prince George | 149 | 134 | 116 | 104 | 83 | 32 | 30 | 50 |
| Richmond | 760 | 146 | 145 | 113 | 93 | 48 | 55 | 60 |
| Richmond Co. | 159 | 120 | 105 | 86 | 83 | 36 | 40 | 54 |
| Surry | 181 | 129 | 113 | 95 | 80 | 36 | 40 | 56 |
| Sussex | 183 | 105 | 105 | 70 | 58 | 28 | 28 | 38 |
| Westmoreland | 193 | 150 | 135 | 95 | 85 | 41 | 35 | 49 |

HENRICO AREA – TIER 2
CENTER DAILY/HOURLY RATE

| Locality | FIPS | Infant Daily | Toddler Daily | Pre- School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre- School Hourly | School Age Hourly |
|-----------------------------------|------|-----------------|------------------|-------------------------|------------------------|------------------|-------------------|--------------------------|-------------------------|
| Amelia | 007 | 28 | 23 | 23 | 18 | 4.67 | 3.84 | 3.84 | 3.00 |
| Brunswick | 025 | 28 | 24 | 21 | 14 | 4.67 | 4.00 | 3.50 | 2.34 |
| Caroline | 033 | 41 | 41 | 24 | 20 | 6.84 | 6.84 | 4.00 | 3.34 |
| Charles City | 036 | 30 | 30 | 26 | 22 | 5.00 | 5.00 | 4.34 | 3.67 |
| Chesterfield/ Colonial Heights | 041 | 46 | 45 | 36 | 29 | 7.67 | 7.50 | 6.00 | 4.84 |
| Cumberland | 049 | 26 | 23 | 20 | 16 | 4.37 | 3.84 | 3.34 | 2.67 |
| Dinwiddie | 053 | 32 | 31 | 21 | 20 | 5.34 | 5.17 | 3.50 | 3.34 |
| Essex | 057 | 31 | 29 | 28 | 21 | 5.17 | 4.84 | 4.67 | 3.50 |
| Gloucester | 073 | 35 | 35 | 29 | 23 | 5.84 | 5.84 | 4.84 | 3.84 |
| Goochland | 075 | 51 | 46 | 41 | 25 | 8.50 | 7.67 | 6.84 | 4.17 |
| Greensville/ Emporia | 081 | 28 | 28 | 19 | 17 | 4.67 | 4.67 | 3.17 | 2.84 |
| Hanover | 085 | 43 | 41 | 32 | 26 | 7.17 | 6.84 | 5.34 | 4.34 |
| Henrico | 087 | 49 | 44 | 35 | 28 | 8.17 | 7.34 | 5.84 | 4.67 |
| Hopewell | 670 | 30 | 30 | 23 | 20 | 5.00 | 5.00 | 3.84 | 3.34 |
| King & Queen | 097 | 28 | 28 | 21 | 22 | 4.67 | 4.67 | 3.50 | 3.67 |
| King George | 099 | 41 | 36 | 26 | 22 | 6.84 | 6.00 | 4.34 | 3.67 |
| King William | 101 | 34 | 34 | 26 | 22 | 5.67 | 5.67 | 4.34 | 3.67 |
| Lancaster | 103 | 32 | 31 | 25 | 22 | 5.34 | 5.17 | 4.17 | 3.67 |
| Mathews | 115 | 26 | 26 | 24 | 16 | 4.34 | 4.34 | 4.00 | 2.67 |
| Middlesex | 119 | 30 | 30 | 30 | 25 | 5.00 | 5.00 | 5.00 | 4.17 |
| New Kent | 127 | 32 | 32 | 24 | 23 | 5.34 | 5.34 | 4.00 | 3.84 |
| Northumberland | 133 | 28 | 28 | 22 | 22 | 4.67 | 4.67 | 3.67 | 3.67 |
| Nottoway | 135 | 28 | 24 | 23 | 18 | 4.67 | 4.00 | 3.84 | 3.00 |
| Petersburg | 730 | 25 | 26 | 24 | 20 | 4.17 | 4.34 | 4.00 | 3.34 |
| Powhatan | 145 | 41 | 38 | 34 | 23 | 6.84 | 6.34 | 5.67 | 3.84 |
| Prince George | 149 | 36 | 31 | 28 | 22 | 6.00 | 5.17 | 4.67 | 3.67 |
| Richmond | 760 | 39 | 39 | 31 | 25 | 6.50 | 6.50 | 5.17 | 4.17 |
| Richmond Co. | 159 | 32 | 28 | 23 | 22 | 5.34 | 4.67 | 3.84 | 3.67 |
| Surry | 181 | 35 | 31 | 26 | 22 | 5.84 | 5.17 | 4.34 | 3.67 |
| Sussex | 183 | 28 | 28 | 19 | 16 | 4.67 | 4.67 | 3.17 | 2.67 |
| Westmoreland | 193 | 41 | 36 | 26 | 23 | 6.84 | 6.00 | 4.34 | 3.84 |

PIEDMONT AREA – TIER 2

CENTER WEEKLY RATE

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre- School Full Time | School Age Full Time | Before School | After School | Before & After School |
|---------------------------------------|------|------------------------|-------------------------|-----------------------------|----------------------------|------------------|-----------------|-----------------------------|
| Alleghany/ Covington | 005 | 108 | 92 | 89 | 81 | 15 | 41 | 54 |
| Amherst | 009 | 105 | 85 | 77 | 60 | 20 | 33 | 40 |
| Appomattox | 011 | 105 | 85 | 64 | 61 | 15 | 20 | 33 |
| Bath | 017 | 151 | 138 | 100 | 63 | 25 | 25 | 45 |
| Bedford Co./ City | 019 | 105 | 105 | 73 | 68 | 18 | 27 | 35 |
| Botetourt | 023 | 135 | 135 | 95 | 70 | 27 | 39 | 44 |
| Buckingham | 029 | 83 | 79 | 70 | 65 | 16 | 30 | 42 |
| Campbell | 031 | 85 | 75 | 70 | 63 | 15 | 25 | 35 |
| Charlotte | 037 | 98 | 88 | 88 | 65 | 16 | 30 | 42 |
| Craig | 045 | 95 | 85 | 85 | 70 | 25 | 35 | 45 |
| Danville | 590 | 110 | 92 | 80 | 65 | 25 | 30 | 40 |
| Franklin Co. | 067 | 135 | 135 | 80 | 60 | 20 | 28 | 35 |
| Halifax/ South Boston | 083 | 99 | 89 | 89 | 65 | 30 | 25 | 40 |
| Henry/ Martinsville | 089 | 101 | 92 | 68 | 60 | 30 | 37 | 59 |
| Lunenburg | 111 | 105 | 88 | 77 | 65 | 16 | 30 | 35 |
| Lynchburg | 680 | 105 | 100 | 77 | 64 | 25 | 33 | 45 |
| Mecklenburg | 117 | 80 | 80 | 70 | 62 | 28 | 35 | 33 |
| Nelson | 125 | 109 | 87 | 85 | 83 | 25 | 30 | 63 |
| Patrick | 141 | 80 | 70 | 70 | 65 | 14 | 14 | 28 |
| Pittsylvania | 143 | 75 | 75 | 70 | 65 | 23 | 37 | 43 |
| Prince Edward | 147 | 105 | 100 | 95 | 76 | 13 | 29 | 40 |
| Roanoke | 770 | 195 | 152 | 122 | 85 | 30 | 42 | 51 |
| Roanoke Co. | 161 | 195 | 152 | 110 | 100 | 48 | 57 | 75 |
| Rockbridge/ Buena Vista/ Lexington | 163 | 165 | 165 | 140 | 75 | 20 | 28 | 43 |

PIEDMONT AREA – TIER 2
CENTER DAILY/HOURLY RATE

| Locality | FIPS | Infant Daily | Toddler Daily | Pre-School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre-School Hourly | School Age Hourly |
|------------------------------------|------|--------------|---------------|------------------|------------------|---------------|----------------|-------------------|-------------------|
| Alleghany/ Covington/ | 005 | 29 | 25 | 24 | 22 | 4.84 | 4.17 | 4.00 | 3.67 |
| Amherst | 009 | 28 | 23 | 21 | 16 | 4.67 | 3.84 | 3.50 | 2.67 |
| Appomattox | 011 | 28 | 23 | 17 | 16 | 4.67 | 3.84 | 2.84 | 2.67 |
| Bath | 017 | 41 | 37 | 27 | 17 | 6.84 | 6.17 | 4.50 | 2.84 |
| Bedford Co./ City | 019 | 28 | 28 | 20 | 18 | 4.67 | 4.67 | 3.34 | 3.00 |
| Botetourt | 023 | 36 | 36 | 26 | 19 | 6.00 | 6.00 | 4.34 | 3.17 |
| Buckingham | 029 | 22 | 21 | 19 | 18 | 3.67 | 3.50 | 3.17 | 3.00 |
| Campbell | 031 | 23 | 20 | 19 | 17 | 3.84 | 3.34 | 3.17 | 2.84 |
| Charlotte | 037 | 26 | 24 | 24 | 18 | 4.34 | 4.00 | 4.00 | 3.00 |
| Craig | 045 | 26 | 23 | 23 | 19 | 4.34 | 3.84 | 3.84 | 3.17 |
| Danville | 590 | 30 | 25 | 22 | 18 | 5.00 | 4.17 | 3.67 | 3.00 |
| Franklin Co. | 067 | 36 | 36 | 22 | 16 | 6.00 | 6.00 | 3.67 | 2.67 |
| Halifax/ South Boston | 083 | 27 | 24 | 24 | 18 | 4.50 | 4.00 | 4.00 | 3.00 |
| Henry/ Martinsville | 089 | 27 | 25 | 18 | 16 | 4.50 | 4.17 | 3.00 | 2.67 |
| Lunenburg | 111 | 28 | 24 | 21 | 18 | 4.67 | 4.00 | 3.50 | 3.00 |
| Lynchburg | 680 | 28 | 27 | 21 | 17 | 4.67 | 4.50 | 3.50 | 2.84 |
| Mecklenburg | 117 | 22 | 22 | 19 | 17 | 3.67 | 3.67 | 3.17 | 2.84 |
| Nelson | 125 | 29 | 23 | 23 | 22 | 4.84 | 3.84 | 3.84 | 3.67 |
| Patrick | 141 | 22 | 19 | 19 | 18 | 3.67 | 3.17 | 3.17 | 3.00 |
| Pittsylvania | 143 | 20 | 20 | 19 | 18 | 3.34 | 3.34 | 3.17 | 3.00 |
| Prince Edward | 147 | 28 | 27 | 26 | 21 | 4.67 | 4.50 | 4.34 | 3.50 |
| Roanoke | 770 | 53 | 41 | 33 | 23 | 8.84 | 6.84 | 5.50 | 3.84 |
| Roanoke Co. | 161 | 53 | 41 | 30 | 27 | 8.84 | 6.84 | 5.00 | 4.50 |
| Rockbridge/ Buena Vista/ Lexington | 163 | 45 | 45 | 38 | 20 | 7.50 | 7.50 | 6.34 | 3.34 |

VIRGINIA BEACH AREA – TIER 2

CENTER WEEKLY RATE

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre- School Full Time | School Age Full Time | Before School | After School | Before & After School |
|----------------|------|------------------------|-------------------------|-----------------------------|----------------------------|------------------|-----------------|-----------------------------|
| Accomack | 001 | 95 | 95 | 80 | 65 | 25 | 25 | 36 |
| Chesapeake | 550 | 160 | 140 | 118 | 90 | 45 | 57 | 68 |
| Franklin City | 620 | 121 | 115 | 90 | 76 | 20 | 21 | 33 |
| Hampton | 650 | 150 | 140 | 105 | 80 | 41 | 48 | 61 |
| Isle Of Wight | 093 | 150 | 115 | 90 | 65 | 25 | 31 | 45 |
| James City | 095 | 143 | 130 | 116 | 94 | 25 | 28 | 50 |
| Newport News | 700 | 135 | 125 | 113 | 84 | 45 | 53 | 65 |
| Norfolk | 710 | 140 | 130 | 104 | 90 | 38 | 50 | 60 |
| Northampton | 131 | 87 | 85 | 75 | 65 | 15 | 23 | 30 |
| Portsmouth | 740 | 155 | 138 | 125 | 85 | 31 | 42 | 59 |
| Southampton | 175 | 121 | 115 | 90 | 55 | 25 | 27 | 30 |
| Suffolk | 800 | 121 | 112 | 93 | 79 | 28 | 38 | 50 |
| Virginia Beach | 810 | 159 | 145 | 125 | 98 | 45 | 57 | 69 |
| Williamsburg | 830 | 171 | 166 | 139 | 104 | 40 | 41 | 66 |
| York/ Poquoson | 199 | 138 | 135 | 106 | 89 | 33 | 38 | 58 |

VIRGINIA BEACH AREA – TIER 2
CENTER DAILY/HOURLY RATE

| Locality | FIPS | Infant Daily | Toddler Daily | Pre- School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre- School Hourly | School Age Hourly |
|----------------|------|-----------------|------------------|-------------------------|------------------------|------------------|-------------------|--------------------------|-------------------------|
| Accomack | 001 | 26 | 26 | 22 | 18 | 4.34 | 4.34 | 3.67 | 3.00 |
| Chesapeake | 550 | 43 | 38 | 32 | 24 | 7.17 | 6.34 | 5.34 | 4.00 |
| Franklin City | 620 | 33 | 31 | 24 | 21 | 5.50 | 5.17 | 4.00 | 3.50 |
| Hampton | 650 | 41 | 38 | 28 | 22 | 6.84 | 6.34 | 4.67 | 3.67 |
| Isle Of Wight | 093 | 41 | 31 | 24 | 18 | 6.84 | 5.17 | 4.00 | 3.00 |
| James City | 095 | 39 | 35 | 31 | 25 | 6.50 | 5.84 | 5.17 | 4.17 |
| Newport News | 700 | 36 | 34 | 31 | 23 | 6.00 | 5.67 | 5.17 | 3.84 |
| Norfolk | 710 | 38 | 35 | 28 | 24 | 6.34 | 5.84 | 4.67 | 4.00 |
| Northampton | 131 | 23 | 23 | 20 | 18 | 3.84 | 3.84 | 3.34 | 3.00 |
| Portsmouth | 740 | 42 | 37 | 34 | 23 | 7.00 | 6.17 | 5.67 | 3.84 |
| Southampton | 175 | 33 | 31 | 24 | 15 | 5.50 | 5.17 | 4.00 | 2.50 |
| Suffolk | 800 | 33 | 30 | 25 | 21 | 5.50 | 5.00 | 4.17 | 3.50 |
| Virginia Beach | 810 | 43 | 39 | 34 | 26 | 7.17 | 6.50 | 5.67 | 4.34 |
| Williamsburg | 830 | 46 | 45 | 37 | 28 | 7.67 | 7.50 | 6.17 | 4.67 |
| York/ Poquoson | 199 | 37 | 36 | 29 | 24 | 6.17 | 6.00 | 4.84 | 4.00 |

WARRENTON AREA – TIER 2

CENTER WEEKLY RATE

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre-School Full Time | School Age Full Time | Before School | After School | Before & After School |
|----------------------------------|------|------------------|-------------------|----------------------|----------------------|---------------|--------------|-----------------------|
| Albemarle/ Charlottesville | 003 | 160 | 155 | 137 | 113 | 14 | 41 | 49 |
| Alexandria | 510 | 231 | 226 | 190 | 143 | 44 | 70 | 92 |
| Arlington | 013 | 226 | 201 | 190 | 165 | 17 | 41 | 94 |
| Augusta/ Staunton/ Waynesboro | 015 | 130 | 125 | 105 | 90 | 30 | 38 | 50 |
| Clarke | 043 | 165 | 150 | 115 | 76 | 29 | 34 | 48 |
| Culpeper | 047 | 131 | 131 | 80 | 75 | 15 | 32 | 45 |
| Fairfax Co./ City & Falls Church | 059 | 232 | 224 | 191 | 148 | 54 | 66 | 95 |
| Fauquier | 061 | 160 | 156 | 135 | 96 | 25 | 35 | 51 |
| Fluvanna | 065 | 170 | 144 | 130 | 98 | 25 | 36 | 56 |
| Frederick/ Winchester | 069 | 130 | 120 | 90 | 75 | 28 | 34 | 45 |
| Fredericksburg | 630 | 175 | 165 | 125 | 93 | 54 | 54 | 64 |
| Greene | 079 | 109 | 100 | 100 | 73 | 25 | 28 | 35 |
| Highland | 091 | 151 | 130 | 100 | 79 | 25 | 32 | 45 |
| Loudoun | 107 | 225 | 208 | 190 | 132 | 58 | 66 | 91 |
| Louisa | 109 | 151 | 138 | 113 | 90 | 25 | 35 | 45 |
| Madison | 113 | 110 | 110 | 93 | 80 | 12 | 27 | 34 |
| Manassas | 683 | 180 | 168 | 145 | 111 | 54 | 59 | 88 |
| Manassas Park | 685 | 226 | 214 | 189 | 96 | 46 | 51 | 70 |
| Orange | 137 | 135 | 135 | 110 | 84 | 13 | 37 | 48 |
| Page | 139 | 151 | 138 | 100 | 79 | 25 | 30 | 45 |
| Prince William | 153 | 185 | 180 | 150 | 121 | 52 | 57 | 81 |
| Rappahannock | 157 | 126 | 126 | 109 | 96 | 30 | 32 | 38 |
| Rockingham/ Harrisonburg | 165 | 127 | 127 | 105 | 95 | 27 | 30 | 45 |
| Shenandoah | 171 | 90 | 90 | 70 | 70 | 25 | 32 | 50 |
| Spotsylvania | 177 | 150 | 145 | 122 | 98 | 45 | 45 | 64 |
| Stafford | 179 | 153 | 153 | 129 | 97 | 52 | 50 | 75 |
| Warren | 187 | 103 | 103 | 93 | 75 | 26 | 36 | 48 |

WARRENTON AREA – TIER 2

CENTER DAILY/HOURLY RATE

| Locality | FIPS | Infant Daily | Toddler Daily | Pre- School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre- School Hourly | School Age Hourly |
|-------------------------------------|------|-----------------|------------------|-------------------------|------------------------|------------------|-------------------|--------------------------|-------------------------|
| Albemarle/ Charlottesville | 003 | 43 | 42 | 37 | 31 | 7.17 | 7.00 | 6.17 | 5.17 |
| Alexandria | 510 | 62 | 61 | 51 | 39 | 10.34 | 10.17 | 8.50 | 6.50 |
| Arlington | 013 | 61 | 54 | 51 | 45 | 10.17 | 9.00 | 8.50 | 7.50 |
| Augusta/ Staunton/ Waynesboro | 015 | 35 | 34 | 28 | 24 | 5.84 | 5.67 | 4.67 | 4.00 |
| Clarke | 043 | 45 | 41 | 31 | 21 | 7.50 | 6.84 | 5.17 | 3.50 |
| Culpeper | 047 | 35 | 35 | 22 | 20 | 5.84 | 5.84 | 3.67 | 3.34 |
| Fairfax Co./ City & Falls Church | 059 | 63 | 60 | 52 | 40 | 10.50 | 10.00 | 8.67 | 6.67 |
| Fauquier | 061 | 43 | 42 | 36 | 26 | 7.17 | 7.00 | 6.00 | 4.34 |
| Fluvanna | 065 | 46 | 39 | 35 | 26 | 7.67 | 6.50 | 5.84 | 4.34 |
| Frederick/ Winchester | 069 | 35 | 32 | 24 | 20 | 5.84 | 5.34 | 4.00 | 3.34 |
| Fredericksburg | 630 | 47 | 45 | 34 | 25 | 7.84 | 7.50 | 5.67 | 4.17 |
| Greene | 079 | 29 | 27 | 27 | 20 | 4.84 | 4.50 | 4.50 | 3.34 |
| Highland | 091 | 41 | 35 | 27 | 21 | 6.84 | 5.84 | 4.50 | 3.50 |
| Loudoun | 107 | 61 | 56 | 51 | 36 | 10.17 | 9.34 | 8.50 | 6.00 |
| Louisa | 109 | 41 | 37 | 31 | 24 | 6.84 | 6.17 | 5.17 | 4.00 |
| Madison | 113 | 30 | 30 | 25 | 22 | 5.00 | 5.00 | 4.17 | 3.67 |
| Manassas | 683 | 49 | 45 | 39 | 30 | 8.17 | 7.50 | 6.50 | 5.00 |
| Manassas Park | 685 | 61 | 58 | 51 | 26 | 10.17 | 9.67 | 8.50 | 4.34 |
| Orange | 137 | 36 | 36 | 30 | 23 | 6.00 | 6.00 | 5.00 | 3.84 |
| Page | 139 | 41 | 37 | 27 | 21 | 6.84 | 6.17 | 4.50 | 3.50 |
| Prince William | 153 | 50 | 49 | 41 | 33 | 8.34 | 8.17 | 6.84 | 5.50 |
| Rappahannock | 157 | 34 | 34 | 29 | 26 | 5.67 | 5.67 | 4.84 | 4.34 |
| Rockingham/ Harrisonburg | 165 | 34 | 34 | 28 | 26 | 5.67 | 5.67 | 4.67 | 4.34 |
| Shenandoah | 171 | 24 | 24 | 19 | 19 | 4.00 | 4.00 | 3.17 | 3.17 |
| Spotsylvania | 177 | 41 | 39 | 33 | 26 | 6.84 | 6.50 | 5.50 | 4.34 |
| Stafford | 179 | 41 | 41 | 35 | 26 | 6.84 | 6.84 | 5.84 | 4.34 |
| Warren | 187 | 28 | 28 | 25 | 20 | 4.67 | 4.67 | 4.17 | 3.34 |

ABINGDON AREA – TIER 2

FAMILY WEEKLY RATE

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre-School Full Time | School Age Full Time | Before School | After School | Before & After School |
|--------------|------|------------------|-------------------|----------------------|----------------------|---------------|--------------|-----------------------|
| Bland | 021 | 75 | 70 | 65 | 55 | 36 | 36 | 43 |
| Bristol | 520 | 75 | 65 | 65 | 63 | 25 | 32 | 42 |
| Buchanan | 027 | 92 | 92 | 92 | 90 | 25 | 32 | 32 |
| Carroll | 035 | 65 | 62 | 60 | 50 | 25 | 18 | 35 |
| Dickenson | 051 | 100 | 80 | 77 | 68 | 27 | 32 | 50 |
| Floyd | 063 | 100 | 85 | 75 | 50 | 15 | 25 | 38 |
| Galax | 640 | 65 | 62 | 62 | 55 | 23 | 27 | 35 |
| Giles | 071 | 80 | 75 | 75 | 60 | 18 | 29 | 40 |
| Grayson | 077 | 60 | 60 | 60 | 45 | 20 | 24 | 34 |
| Lee | 105 | 75 | 75 | 77 | 55 | 45 | 45 | 42 |
| Montgomery | 121 | 95 | 90 | 83 | 70 | 25 | 27 | 35 |
| Pulaski | 155 | 80 | 75 | 75 | 58 | 25 | 30 | 40 |
| Radford | 750 | 100 | 75 | 75 | 55 | 28 | 28 | 39 |
| Russell | 167 | 90 | 80 | 75 | 60 | 18 | 32 | 42 |
| Scott | 169 | 85 | 85 | 80 | 68 | 20 | 30 | 83 |
| Smyth | 173 | 65 | 60 | 60 | 53 | 23 | 29 | 42 |
| Tazewell | 185 | 75 | 75 | 75 | 60 | 13 | 32 | 35 |
| Washington | 191 | 79 | 70 | 67 | 60 | 25 | 30 | 40 |
| Wise/ Norton | 195 | 90 | 90 | 90 | 60 | 23 | 31 | 42 |
| Wythe | 197 | 62 | 65 | 65 | 63 | 28 | 30 | 35 |

ABINGDON AREA – TIER 2
FAMILY DAILY/HOURLY RATE

| Locality | FIP S | Infant Daily | Toddler Daily | Pre-School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre-School Hourly | School Age Hourly |
|--------------|-------|--------------|---------------|------------------|------------------|---------------|----------------|-------------------|-------------------|
| Bland | 021 | 20 | 19 | 18 | 15 | 3.34 | 3.17 | 3.00 | 2.50 |
| Bristol | 520 | 20 | 18 | 18 | 17 | 3.34 | 3.00 | 3.00 | 2.84 |
| Buchanan | 027 | 25 | 25 | 25 | 24 | 4.17 | 4.17 | 4.17 | 4.00 |
| Carroll | 035 | 18 | 17 | 16 | 14 | 3.00 | 2.84 | 2.67 | 2.34 |
| Dickenson | 051 | 27 | 22 | 21 | 18 | 4.50 | 3.67 | 3.50 | 3.00 |
| Floyd | 063 | 27 | 23 | 20 | 14 | 4.50 | 3.84 | 3.34 | 2.34 |
| Galax | 640 | 18 | 17 | 17 | 15 | 3.00 | 2.84 | 2.84 | 2.50 |
| Giles | 071 | 22 | 20 | 20 | 16 | 3.67 | 3.34 | 3.34 | 2.67 |
| Grayson | 077 | 16 | 16 | 16 | 12 | 2.67 | 2.67 | 2.67 | 2.00 |
| Lee | 105 | 20 | 20 | 21 | 15 | 3.34 | 3.34 | 3.50 | 2.50 |
| Montgomery | 121 | 26 | 24 | 22 | 19 | 4.34 | 4.00 | 3.67 | 3.17 |
| Pulaski | 155 | 22 | 20 | 20 | 16 | 3.67 | 3.34 | 3.34 | 2.67 |
| Radford | 750 | 27 | 20 | 20 | 15 | 4.50 | 3.34 | 3.34 | 2.50 |
| Russell | 167 | 24 | 22 | 20 | 16 | 4.00 | 3.67 | 3.34 | 2.67 |
| Scott | 169 | 23 | 23 | 22 | 18 | 3.84 | 3.84 | 3.67 | 3.00 |
| Smyth | 173 | 18 | 16 | 16 | 14 | 3.00 | 2.67 | 2.67 | 2.34 |
| Tazewell | 185 | 20 | 20 | 20 | 16 | 3.34 | 3.34 | 3.34 | 2.67 |
| Washington | 191 | 21 | 19 | 18 | 16 | 3.50 | 3.17 | 3.00 | 2.67 |
| Wise/ Norton | 195 | 24 | 24 | 24 | 16 | 4.00 | 4.00 | 4.00 | 2.67 |
| Wythe | 197 | 17 | 18 | 18 | 17 | 2.84 | 3.00 | 3.00 | 2.84 |

HENRICO AREA – TIER 2

FAMILY WEEKLY RATE

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre-School Full Time | School Age Full Time | Before School | After School | Before & After School |
|-----------------------------|------|------------------|-------------------|----------------------|----------------------|---------------|--------------|-----------------------|
| Amelia | 007 | 100 | 90 | 85 | 83 | 32 | 34 | 51 |
| Brunswick | 025 | 85 | 75 | 75 | 63 | 50 | 47 | 53 |
| Caroline | 033 | 95 | 82 | 80 | 65 | 33 | 35 | 45 |
| Charles City | 036 | 95 | 85 | 85 | 70 | 25 | 35 | 51 |
| Chesterfield/Colonial Hghts | 041 | 125 | 125 | 115 | 83 | 40 | 48 | 60 |
| Cumberland | 049 | 75 | 75 | 75 | 63 | 22 | 32 | 38 |
| Dinwiddie | 053 | 100 | 85 | 72 | 70 | 25 | 30 | 49 |
| Essex | 057 | 90 | 90 | 85 | 70 | 24 | 29 | 44 |
| Gloucester | 073 | 100 | 100 | 90 | 65 | 27 | 35 | 45 |
| Goochland | 075 | 125 | 120 | 105 | 73 | 25 | 35 | 49 |
| Greensville/ Emporia | 081 | 92 | 85 | 75 | 58 | 33 | 37 | 47 |
| Hanover | 085 | 130 | 125 | 110 | 80 | 41 | 48 | 63 |
| Henrico | 087 | 150 | 125 | 110 | 85 | 48 | 68 | 65 |
| Hopewell | 670 | 100 | 85 | 80 | 68 | 30 | 35 | 54 |
| King & Queen | 097 | 95 | 85 | 85 | 70 | 25 | 35 | 49 |
| King George | 099 | 100 | 95 | 95 | 83 | 27 | 39 | 55 |
| King William | 101 | 95 | 95 | 85 | 70 | 25 | 35 | 49 |
| Lancaster | 103 | 95 | 85 | 85 | 70 | 25 | 30 | 49 |
| Mathews | 115 | 95 | 85 | 85 | 68 | 25 | 30 | 49 |
| Middlesex | 119 | 100 | 90 | 90 | 75 | 20 | 25 | 47 |
| New Kent | 127 | 95 | 87 | 85 | 75 | 32 | 40 | 54 |
| Northumberland | 133 | 95 | 85 | 85 | 70 | 25 | 35 | 49 |
| Nottoway | 135 | 70 | 65 | 70 | 60 | 32 | 45 | 55 |
| Petersburg | 730 | 95 | 86 | 80 | 65 | 40 | 40 | 44 |
| Powhatan | 145 | 125 | 120 | 105 | 70 | 25 | 35 | 40 |
| Prince George | 149 | 100 | 90 | 85 | 65 | 19 | 33 | 41 |
| Richmond | 760 | 120 | 109 | 95 | 70 | 50 | 48 | 60 |
| Richmond Co. | 159 | 95 | 85 | 85 | 70 | 25 | 35 | 41 |
| Surry | 181 | 82 | 80 | 70 | 57 | 25 | 35 | 45 |
| Sussex | 183 | 97 | 77 | 75 | 68 | 32 | 36 | 46 |
| Westmoreland | 193 | 95 | 85 | 85 | 70 | 25 | 35 | 44 |

HENRICO AREA – TIER 2
FAMILY DAILY/HOURLY RATE

| Locality | FIP S | Infant Daily | Toddler Daily | Pre-School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre-School Hourly | School Age Hourly |
|------------------------------|-------|--------------|---------------|------------------|------------------|---------------|----------------|-------------------|-------------------|
| Amelia | 007 | 27 | 24 | 23 | 22 | 4.50 | 4.00 | 3.84 | 3.67 |
| Brunswick | 025 | 23 | 20 | 20 | 17 | 3.84 | 3.34 | 3.34 | 2.84 |
| Caroline | 033 | 26 | 22 | 22 | 18 | 4.34 | 3.67 | 3.67 | 3.00 |
| Charles City | 036 | 26 | 23 | 23 | 19 | 4.34 | 3.84 | 3.84 | 3.17 |
| Chesterfield/ Colonial Hghts | 041 | 34 | 34 | 31 | 22 | 5.67 | 5.67 | 5.17 | 3.67 |
| Cumberland | 049 | 20 | 20 | 20 | 17 | 3.34 | 3.34 | 3.34 | 2.84 |
| Dinwiddie | 053 | 27 | 23 | 19 | 19 | 4.50 | 3.84 | 3.17 | 3.17 |
| Essex | 057 | 24 | 24 | 23 | 19 | 4.00 | 4.00 | 3.84 | 3.17 |
| Gloucester | 073 | 27 | 27 | 24 | 18 | 4.50 | 4.50 | 4.00 | 3.00 |
| Goochland | 075 | 34 | 32 | 28 | 20 | 5.67 | 5.34 | 4.67 | 3.34 |
| Greensville/ Emporia | 081 | 25 | 23 | 20 | 16 | 4.17 | 3.84 | 3.34 | 2.67 |
| Hanover | 085 | 35 | 34 | 30 | 22 | 5.84 | 5.67 | 5.00 | 3.67 |
| Henrico | 087 | 41 | 34 | 30 | 23 | 6.84 | 5.67 | 5.00 | 3.84 |
| Hopewell | 670 | 27 | 23 | 22 | 18 | 4.50 | 3.84 | 3.67 | 3.00 |
| King & Queen | 097 | 26 | 23 | 23 | 19 | 4.34 | 3.84 | 3.84 | 3.17 |
| King George | 099 | 27 | 26 | 26 | 22 | 4.50 | 4.34 | 4.34 | 3.67 |
| King William | 101 | 26 | 26 | 23 | u19 | 4.34 | 4.34 | 3.84 | 3.17 |
| Lancaster | 103 | 26 | 23 | 23 | 19 | 4.34 | 3.84 | 3.84 | 3.17 |
| Mathews | 115 | 26 | 23 | 23 | 18 | 4.34 | 3.84 | 3.84 | 3.00 |
| Middlesex | 119 | 27 | 24 | 24 | 20 | 4.50 | 4.00 | 4.00 | 3.34 |
| New Kent | 127 | 26 | 23 | 23 | 20 | 4.34 | 3.84 | 3.84 | 3.34 |
| Northumberland | 133 | 26 | 23 | 23 | 19 | 4.34 | 3.84 | 3.84 | 3.17 |
| Nottoway | 135 | 19 | 18 | 19 | 16 | 3.17 | 3.00 | 3.17 | 2.67 |
| Petersburg | 730 | 26 | 23 | 22 | 18 | 4.34 | 3.84 | 3.67 | 3.00 |
| Powhatan | 145 | 34 | 32 | 28 | 19 | 5.67 | 5.34 | 4.67 | 3.17 |
| Prince George | 149 | 27 | 24 | 23 | 18 | 4.50 | 4.00 | 3.84 | 3.00 |
| Richmond | 760 | 32 | 29 | 26 | 19 | 5.34 | 4.84 | 4.34 | 3.17 |
| Richmond Co. | 159 | 26 | 23 | 23 | 19 | 4.34 | 3.84 | 3.84 | 3.17 |
| Surry | 181 | 22 | 22 | 19 | 15 | 3.67 | 3.67 | 3.17 | 2.50 |
| Sussex | 183 | 26 | 21 | 20 | 18 | 4.34 | 3.50 | 3.34 | 3.00 |
| Westmoreland | 193 | 26 | 23 | 23 | 19 | 4.34 | 3.84 | 3.84 | 3.17 |

PIEDMONT AREA – TIER 2

FAMILY WEEKLY RATE

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre- School Full Time | School Age Full Time | Before School | After School | Before & After School |
|---------------------------------------|------|---------------------|----------------------|-----------------------------|----------------------------|------------------|-----------------|-----------------------------|
| Alleghany/ Covington | 005 | 90 | 82 | 77 | 75 | 25 | 30 | 43 |
| Amherst | 009 | 85 | 80 | 75 | 60 | 34 | 34 | 45 |
| Appomattox | 011 | 85 | 80 | 75 | 68 | 33 | 33 | 55 |
| Bath | 017 | 95 | 88 | 85 | 75 | 28 | 40 | 47 |
| Bedford Co./ City | 019 | 90 | 85 | 77 | 63 | 24 | 32 | 53 |
| Botetourt | 023 | 90 | 90 | 90 | 63 | 25 | 30 | 40 |
| Buckingham | 029 | 85 | 80 | 75 | 50 | 32 | 34 | 50 |
| Campbell | 031 | 100 | 100 | 80 | 58 | 27 | 32 | 43 |
| Charlotte | 037 | 85 | 80 | 75 | 63 | 32 | 34 | 48 |
| Craig | 045 | 80 | 75 | 75 | 60 | 27 | 28 | 41 |
| Danville | 590 | 75 | 75 | 75 | 50 | 54 | 23 | 35 |
| Franklin Co. | 067 | 80 | 75 | 75 | 65 | 23 | 23 | 45 |
| Halifax/ South Boston | 083 | 90 | 80 | 77 | 65 | 34 | 36 | 50 |
| Henry/ Martinsville | 089 | 65 | 75 | 65 | 60 | 28 | 30 | 35 |
| Lunenburg | 111 | 85 | 83 | 75 | 59 | 32 | 36 | 40 |
| Lynchburg | 680 | 95 | 87 | 87 | 65 | 29 | 40 | 58 |
| Mecklenburg | 117 | 85 | 75 | 75 | 63 | 32 | 36 | 48 |
| Nelson | 125 | 77 | 80 | 80 | 73 | 20 | 28 | 35 |
| Patrick | 141 | 60 | 60 | 60 | 50 | 25 | 25 | 36 |
| Pittsylvania | 143 | 75 | 70 | 60 | 55 | 25 | 30 | 39 |
| Prince Edward | 147 | 85 | 85 | 75 | 60 | 34 | 34 | 48 |
| Roanoke City | 770 | 90 | 90 | 85 | 68 | 35 | 40 | 50 |
| Roanoke Co/ Salem. | 161 | 100 | 100 | 100 | 75 | 30 | 30 | 66 |
| Rockbridge/ Buena Vista/ Lexington | 163 | 102 | 102 | 92 | 86 | 59 | 42 | 59 |

PIEDMONT AREA – TIER 2
FAMILY DAILY/HOURLY RATE

| Locality | FIPS | Infant Daily | Toddler Daily | Pre- School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre- School Hourly | School Age Hourly |
|---------------------------------------|------|-----------------|------------------|-------------------------|------------------------|------------------|-------------------|--------------------------|-------------------------|
| Alleghany/ Covington | 005 | 24 | 22 | 21 | 20 | 4.00 | 3.67 | 3.50 | 3.34 |
| Amherst | 009 | 23 | 22 | 20 | 16 | 3.84 | 3.67 | 3.34 | 2.67 |
| Appomattox | 011 | 23 | 22 | 20 | 18 | 3.84 | 3.67 | 3.34 | 3.00 |
| Bath | 017 | 26 | 24 | 23 | 20 | 4.34 | 4.00 | 3.84 | 3.34 |
| Bedford Co./ City | 019 | 24 | 23 | 21 | 17 | 4.00 | 3.84 | 3.50 | 2.84 |
| Botetourt | 023 | 24 | 24 | 24 | 17 | 4.00 | 4.00 | 4.00 | 2.84 |
| Buckingham | 029 | 23 | 22 | 20 | 14 | 3.84 | 3.67 | 3.34 | 2.34 |
| Campbell | 031 | 27 | 27 | 22 | 16 | 4.50 | 4.50 | 3.67 | 2.67 |
| Charlotte | 037 | 23 | 22 | 20 | 17 | 3.84 | 3.67 | 3.34 | 2.84 |
| Craig | 045 | 22 | 20 | 20 | 16 | 3.67 | 3.34 | 3.34 | 2.67 |
| Danville | 590 | 20 | 20 | 20 | 14 | 3.34 | 3.34 | 3.34 | 2.34 |
| Franklin Co. | 067 | 22 | 20 | 20 | 18 | 3.67 | 3.34 | 3.34 | 3.00 |
| Halifax/ South Boston | 083 | 24 | 22 | 21 | 18 | 4.00 | 3.67 | 3.50 | 3.00 |
| Henry/ Martinsville | 089 | 18 | 20 | 18 | 16 | 3.00 | 3.34 | 3.00 | 2.67 |
| Lunenburg | 111 | 23 | 22 | 20 | 16 | 3.84 | 3.67 | 3.34 | 2.67 |
| Lynchburg | 680 | 26 | 23 | 23 | 18 | 4.34 | 3.84 | 3.84 | 3.00 |
| Mecklenburg | 117 | 23 | 20 | 20 | 17 | 3.84 | 3.34 | 3.34 | 2.84 |
| Nelson | 125 | 21 | 22 | 22 | 20 | 3.50 | 3.67 | 3.67 | 3.34 |
| Patrick | 141 | 16 | 16 | 16 | 14 | 2.67 | 2.67 | 2.67 | 2.34 |
| Pittsylvania | 143 | 20 | 19 | 16 | 15 | 3.34 | 3.17 | 2.67 | 2.50 |
| Prince Edward | 147 | 23 | 23 | 20 | 16 | 3.84 | 3.84 | 3.34 | 2.67 |
| Roanoke City | 770 | 24 | 24 | 23 | 18 | 4.00 | 4.00 | 3.84 | 3.00 |
| Roanoke Co/ Salem | 161 | 27 | 27 | 27 | 20 | 4.50 | 4.50 | 4.50 | 3.34 |
| Rockbridge/ Buena Vista/ Lexington | 163 | 28 | 28 | 25 | 23 | 4.67 | 4.67 | 4.17 | 3.84 |

VIRGINIA BEACH AREA – TIER 2

FAMILY WEEKLY RATE

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre- School Full Time | School Age Full Time | Before School | After School | Before & After School |
|----------------|------|---------------------|----------------------|-----------------------------|----------------------------|------------------|-----------------|-----------------------------|
| Accomack | 001 | 90 | 75 | 75 | 65 | 30 | 34 | 35 |
| Chesapeake | 550 | 115 | 100 | 95 | 75 | 35 | 40 | 53 |
| Franklin City | 620 | 75 | 75 | 75 | 99 | 28 | 38 | 63 |
| Hampton | 650 | 100 | 95 | 90 | 73 | 30 | 40 | 55 |
| Isle Of Wight | 093 | 96 | 95 | 85 | 75 | 25 | 44 | 60 |
| James City | 095 | 105 | 100 | 95 | 83 | 30 | 30 | 50 |
| Newport News | 700 | 100 | 100 | 90 | 73 | 28 | 38 | 55 |
| Norfolk | 710 | 100 | 95 | 88 | 70 | 28 | 34 | 50 |
| Northampton | 131 | 96 | 95 | 85 | 75 | 54 | 46 | 68 |
| Portsmouth | 740 | 110 | 95 | 85 | 63 | 22 | 38 | 55 |
| Southampton | 175 | 96 | 95 | 85 | 70 | 28 | 44 | 60 |
| Suffolk | 800 | 100 | 95 | 85 | 72 | 28 | 35 | 51 |
| Virginia Beach | 810 | 115 | 110 | 100 | 73 | 23 | 35 | 50 |
| Williamsburg | 830 | 105 | 100 | 95 | 78 | 32 | 45 | 55 |
| York/ Poquoson | 199 | 110 | 110 | 100 | 75 | 28 | 38 | 58 |

VIRGINIA BEACH AREA – TIER 2

FAMILY DAILY/HOURLY RATE

| Locality | FIPS | Infant Daily | Toddler Daily | Pre- School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre- School Hourly | School Age Hourly |
|----------------|------|-----------------|------------------|-------------------------|------------------------|------------------|-------------------|--------------------------|-------------------------|
| Accomack | 001 | 24 | 20 | 20 | 18 | 4.00 | 3.34 | 3.34 | 3.00 |
| Chesapeake | 550 | 31 | 27 | 26 | 20 | 5.17 | 4.50 | 4.34 | 3.34 |
| Franklin City | 620 | 20 | 20 | 20 | 27 | 3.34 | 3.34 | 3.34 | 4.50 |
| Hampton | 650 | 27 | 26 | 24 | 20 | 4.50 | 4.34 | 4.00 | 3.34 |
| Isle Of Wight | 093 | 26 | 26 | 23 | 20 | 4.34 | 4.34 | 3.84 | 3.34 |
| James City | 095 | 28 | 27 | 26 | 22 | 4.67 | 4.50 | 4.34 | 3.67 |
| Newport News | 700 | 27 | 27 | 24 | 20 | 4.50 | 4.50 | 4.00 | 3.34 |
| Norfolk | 710 | 27 | 26 | 24 | 19 | 4.50 | 4.34 | 4.00 | 3.17 |
| Northampton | 131 | 26 | 26 | 23 | 20 | 4.34 | 4.34 | 3.84 | 3.34 |
| Portsmouth | 740 | 30 | 26 | 23 | 17 | 5.00 | 4.34 | 3.84 | 2.84 |
| Southampton | 175 | 26 | 26 | 23 | 19 | 4.34 | 4.34 | 3.84 | 3.17 |
| Suffolk | 800 | 27 | 26 | 23 | 19 | 4.50 | 4.34 | 3.84 | 3.17 |
| Virginia Beach | 810 | 31 | 30 | 27 | 20 | 5.17 | 5.00 | 4.50 | 3.34 |
| Williamsburg | 830 | 28 | 27 | 26 | 21 | 4.67 | 4.50 | 4.34 | 3.50 |
| York/ Poquoson | 199 | 30 | 30 | 27 | 20 | 5.00 | 5.00 | 4.50 | 3.34 |

WARRENTON AREA – TIER 2

FAMILY WEEKLY RATE

| Locality | FIPS | Infant Full Time | Toddler Full Time | Pre- School Full Time | School Age Full Time | Before School Full Time | After School Full Time | Before & After School Full Time |
|-------------------------------------|------|---------------------|----------------------|-----------------------------|----------------------------|-------------------------------|------------------------------|------------------------------------------|
| Albemarle/ Charlottesville | 003 | 125 | 125 | 125 | 99 | 50 | 55 | 43 |
| Alexandria | 510 | 160 | 150 | 150 | 130 | 65 | 60 | 90 |
| Arlington | 013 | 180 | 170 | 160 | 144 | 25 | 75 | 100 |
| Augusta/ Staunton/ Waynesboro | 015 | 85 | 85 | 80 | 78 | 25 | 30 | 45 |
| Clarke | 043 | 100 | 82 | 82 | 78 | 28 | 40 | 47 |
| Culpeper | 047 | 100 | 95 | 95 | 78 | 45 | 45 | 70 |
| Fairfax Co./ City & Falls Church | 059 | 181 | 175 | 165 | 133 | 55 | 73 | 89 |
| Fauquier | 061 | 150 | 150 | 130 | 95 | 40 | 40 | 65 |
| Fluvanna | 065 | 120 | 110 | 110 | 87 | 28 | 42 | 45 |
| Frederick/ Winchester | 069 | 125 | 100 | 95 | 78 | 38 | 45 | 55 |
| Fredericksburg | 630 | 125 | 120 | 110 | 81 | 41 | 41 | 60 |
| Greene | 079 | 102 | 92 | 89 | 80 | 28 | 43 | 54 |
| Highland | 091 | 95 | 88 | 85 | 58 | 25 | 42 | 38 |
| Loudoun | 107 | 180 | 175 | 165 | 128 | 54 | 70 | 92 |
| Louisa | 109 | 110 | 100 | 90 | 75 | 28 | 40 | 45 |
| Madison | 113 | 95 | 95 | 95 | 60 | 23 | 30 | 48 |
| Manassas | 683 | 175 | 140 | 135 | 123 | 35 | 68 | 97 |
| Manassas Park | 685 | 185 | 185 | 175 | 107 | 35 | 58 | 68 |
| Orange | 137 | 100 | 92 | 90 | 106 | 27 | 35 | 55 |
| Page | 139 | 80 | 80 | 75 | 55 | 25 | 34 | 47 |
| Prince William | 153 | 155 | 140 | 133 | 98 | 43 | 48 | 73 |
| Rappahannock | 157 | 125 | 120 | 110 | 85 | 25 | 30 | 50 |
| Rockingham/ Harrisonburg | 165 | 125 | 125 | 88 | 73 | 20 | 34 | 43 |
| Shenandoah | 171 | 90 | 80 | 80 | 58 | 28 | 30 | 43 |
| Spotsylvania | 177 | 125 | 110 | 100 | 78 | 32 | 40 | 48 |
| Stafford | 179 | 130 | 125 | 120 | 98 | 35 | 35 | 63 |
| Warren | 187 | 95 | 90 | 85 | 83 | 30 | 30 | 43 |

WARRENTON AREA – TIER 2

FAMILY DAILY/HOURLY RATE

| Locality | FIPS | Infant Daily | Toddler Daily | Pre- School Daily | School Age Daily | Infant Hourly | Toddler Hourly | Pre- School Hourly | School Age Hourly |
|-------------------------------------|------|-----------------|------------------|-------------------------|------------------------|------------------|-------------------|--------------------------|-------------------------|
| Albemarle/ Charlottesville | 003 | 34 | 34 | 34 | 27 | 5.67 | 5.67 | 5.67 | 4.50 |
| Alexandria | 510 | 43 | 41 | 41 | 35 | 7.17 | 6.84 | 6.84 | 5.84 |
| Arlington | 013 | 49 | 46 | 43 | 39 | 8.17 | 7.67 | 7.17 | 6.50 |
| Augusta/ Staunton/ Waynesboro | 015 | 23 | 23 | 22 | 21 | 3.84 | 3.84 | 3.67 | 3.50 |
| Clarke | 043 | 27 | 22 | 22 | 21 | 4.50 | 3.67 | 3.67 | 3.50 |
| Culpeper | 047 | 27 | 26 | 26 | 21 | 4.50 | 4.34 | 4.34 | 3.50 |
| Fairfax Co./ City & Falls Church | 059 | 49 | 47 | 45 | 36 | 8.17 | 7.84 | 7.50 | 6.00 |
| Fauquier | 061 | 41 | 41 | 35 | 26 | 6.84 | 6.84 | 5.84 | 4.34 |
| Fluvanna | 065 | 32 | 30 | 30 | 23 | 5.34 | 5.00 | 5.00 | 3.84 |
| Frederick/ Winchester | 069 | 34 | 27 | 26 | 21 | 5.67 | 4.50 | 4.34 | 3.50 |
| Fredericksburg | 630 | 34 | 32 | 30 | 22 | 5.67 | 5.34 | 5.00 | 3.67 |
| Greene | 079 | 28 | 25 | 24 | 22 | 4.67 | 4.17 | 4.00 | 3.67 |
| Highland | 091 | 26 | 24 | 23 | 16 | 4.34 | 4.00 | 3.84 | 2.67 |
| Loudoun | 107 | 49 | 47 | 45 | 35 | 8.17 | 7.84 | 7.50 | 5.84 |
| Louisa | 109 | 30 | 27 | 24 | 20 | 5.00 | 4.50 | 4.00 | 3.34 |
| Madison | 113 | 26 | 26 | 26 | 16 | 4.34 | 4.34 | 4.34 | 2.67 |
| Manassas | 683 | 47 | 38 | 36 | 33 | 7.84 | 6.34 | 6.00 | 5.50 |
| Manassas Park | 685 | 50 | 50 | 47 | 29 | 8.34 | 8.34 | 7.84 | 4.84 |
| Orange | 137 | 27 | 25 | 24 | 29 | 4.50 | 4.17 | 4.00 | 4.84 |
| Page | 139 | 22 | 22 | 20 | 15 | 3.67 | 3.67 | 3.34 | 2.50 |
| Prince William | 153 | 42 | 38 | 36 | 26 | 7.00 | 6.34 | 6.00 | 4.34 |
| Rappahannock | 157 | 34 | 32 | 30 | 23 | 5.67 | 5.34 | 5.00 | 3.84 |
| Rockingham/ Harrisonburg | 165 | 34 | 34 | 24 | 20 | 5.67 | 5.67 | 4.00 | 3.34 |
| Shenandoah | 171 | 24 | 22 | 22 | 16 | 4.00 | 3.67 | 3.67 | 2.67 |
| Spotsylvania | 177 | 34 | 30 | 27 | 21 | 5.67 | 5.00 | 4.50 | 3.50 |
| Stafford | 179 | 35 | 34 | 32 | 26 | 5.84 | 5.67 | 5.34 | 4.34 |
| Warren | 187 | 26 | 24 | 23 | 22 | 4.34 | 4.00 | 3.84 | 3.67 |